

## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accor   | rdance with Title 20      | , Chapter 10, Part 1, MCA        | A. School di            | strict official must comple         | ete one form for e   | ach bus route that          |
|--|---------------------------|----------------------------------|-------------------------|-------------------------------------|----------------------|-----------------------------|
| receives state reimbursemen  |                           |                                  |                         |                                     |                      | Rate Per Mile               |
| <b>Due Da</b><br>All Rou   |                           |                                  | County Suprober 1       | t <b>To OPI</b><br>October 15       |                      | \$1.57                      |
|  | •                         |                                  |                         |                                     |                      |                             |
| County Name  |                           | County Number                    | District                | Name                                |                      | Legal Entity Number         |
| Missoula   |                           | 32                               |                         | ula Co Public Schls                 |                      | 0583 0584                   |
| Route #  | Length of Rout            | e (miles per day)                | Type of                 | Service □ Bus Route □ Non Bus N     | U                    | Rated Capacity              |
| 25SS   | 80                        |                                  | Bus R                   | toute Mileage                       |                      | 71                          |
| Vehicle I.D. #   | License #                 |                                  | □ District              | : Owned<br>ct - If so, Name of Owne | Contractor (         |                             |
| 0570   | 1850                      |                                  |                         | cted rate per mile                  | - Deach Han          | ——                          |
| Reimbursement Distribution-  | Enter the legal enti      |                                  |                         |                                     | e paid to each dis   | strict. Note: Percentages   |
| Legal Entity   | Legal En                  |                                  | natch budget<br>Legal E |                                     | Legal Enti           | ty                          |
| 0584   |                           |                                  |                         |                                     |                      |                             |
| % 100.00   | %                         |                                  | %                       |                                     | %                    | 1                           |
| PASSENGER INFORMATIO   |                           |                                  | -70                     |                                     | /0                   |                             |
| Number of Preschool/Kinder   |                           | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                     | HIGH SCHOOL<br>(Grades 9            |                      | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | garten papils             | (Grades Fix-0)                   |                         | (Grades o                           | -12)                 | LEIGIBLE RIBERO             |
|  |                           | a                                |                         | b                                   |                      | С                           |
| Regular (include eligible Prescho                                      | ool/Kindergarten          | NUMBER                           |                         | NUMBE                               | ER .                 | a + b                       |
| riders)  1st Wheelchair (WC)   | g                         |                                  |                         |                                     |                      |                             |
| 2nd Wheelchair (WC)  |                           |                                  |                         |                                     |                      |                             |
| Additional Wheelchairs (WC)  |                           |                                  |                         |                                     |                      |                             |
| Non-WC IEP Lists Trans as Rela   | tod Comice                |                                  |                         |                                     |                      |                             |
|  | ited Service              |                                  |                         |                                     |                      |                             |
| TOTAL ELIGIBLE RIDERS  |                           |                                  |                         |                                     |                      |                             |
| Ineligible Public School Riders (i. miles OR nonresident and no atte   |                           |                                  |                         |                                     |                      |                             |
| agreement) (Include ineligible Preschool/Kind                          | dergarten riders)         |                                  |                         |                                     |                      |                             |
| Nonpublic School Riders (ineligib                                      |                           |                                  |                         |                                     |                      |                             |
| TOTAL RIDERS   |                           |                                  |                         |                                     |                      |                             |
| We hereby certify that this bus  | s will operate entirely o | on the route established by the  | e Board of Tru          | I<br>ustees and within the transp   | ortation area assign | ed and approved by the      |
| County Transportation Committee We agree to supervision of thi         | e. We further certify the | nat this bus transports pupils   | eligible for sch        | nool transportation as define       | d by 20-10-101, MC   | Α.                          |
| required; to provide a vehicle whi<br>Superintendent; and to provide a | ich meets the minimun     | n standards as established by    | the Board of            | Public Education, the Monta         | ana Highway Patrol   |                             |
| We also agree to refrain from We understand that violations            | soliciting or causing of  | thers to solicit students from o | other transpor          | tation areas.                       |                      | nd county reimbursement for |
| this bus route.  We agree that if this route cro                       | ,                         |                                  | •                       |                                     | · ·                  | ,                           |
| the school boards of both districts We understand route changes        | s shall be attached to    | he county superintendent's c     | opy of this do          | cument.                             | ,                    | ( ) , , ,                   |
| accordance with 20-10-132, MCA   | ٨.                        |                                  |                         |                                     |                      |                             |
| I certify that this application for bus operates on the route as       |                           |                                  |                         |                                     |                      |                             |
| Signature - Chair, Board of Trust                                      | ees                       |                                  |                         |                                     | Date                 |                             |
| Count  | v Transportation (        | Committee Approval as            | required in             | accordance with Soction             | n 20-10-132 M/       | 2Δ                          |
| This Application for Registrat   | tion of School Bus a      | nd State Reimbursement           |                         |                                     |                      |                             |
| area assigned to it by the Co<br>Signature - Chair, County Transp      |                           | Committee.                       |                         |                                     | Date                 |                             |
|  |                           |                                  |                         |                                     | 1                    |                             |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |  |   |  |   |   |  | e form for ea  | ach bus route that   |
|--|--|---|--|---|---|--|--|--|
| Due Dates All Routes   | s:   | in transpo  | To (   | County Sup  | t To C  |  |  | Rate Per Mile<br>\$1.57  |
| County Name  |  |   | County Number  | District  | Name  |  |  | Legal Entity Number  |
|  |  |   | ·  |   |   | 0.11   |  |  |
| Missoula Route #   | Length c   | of Route (  | miles per day)   |   | ula Co Public  f Service   Bus  |  | age  | 0583 0584<br>Rated Capacity  |
|  |  | (   | ,,,,,,   | , ,   | □ Nor   | n Bus Mileag   | U  |  |
| 2BA<br>Vehicle I.D. #  | 80<br>Lic  | ense#   |  | 1   | Route Mileage   | <u> </u>   | ntractor C   | 71   |
| 2184   |  |   |  |   | ct - If so, Name of<br>cted rate per mile   | f Owner Be   |  |  |
| Reimbursement Distribution- Er   | nter the leg   | gal entity  |  |   | unty reimburseme  |  | d to each dis  | trict. Note: Percentages   |
| Legal Entity<br>0584   | Le   | gal Entity  |  | Legal E   |   |  | Legal Entit  | у  |
| % 100.00   |  | %   |  | %   |   |  | %  |  |
| PASSENGER INFORMATION  | _  |   |  |   |   |  |  |  |
| Number of Preschool/Kindergar riding this route  | ten pupils   | ;   | ELEMENTARY RID<br>(Grades PK-8)  | ERS   |   | CHOOL RIDI<br>rades 9-12)  | ERS  | TOTAL<br>ELIGIBLE RIDERS   |
|  |  |   | а  |   |   | b  |  | C  |
| Regular (include eligible Preschool/h  | Kindergarte  | n   | NUMBER   |   | ļ P   | NUMBER   |  | a + b  |
| riders) 1st Wheelchair (WC)  |  |   |  |   |   |  |  |  |
| 2nd Wheelchair (WC)  |  |   |  |   |   |  |  |  |
| Additional Wheelchairs (WC)  |  |   |  |   |   |  |  |  |
| Non-WC IEP Lists Trans as Related  | Service  |   |  |   |   |  |  |  |
| TOTAL ELIGIBLE RIDERS  |  |   |  |   |   |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |  |   |  |   |   |  |  |  |
| agreement) (Include ineligible Preschool/Kinderg   |  | s)  |  |   |   |  |  |  |
| Nonpublic School Riders (ineligible)   |  |   |  |   |   |  |  |  |
| TOTAL RIDERS   |  |   |  |   |   |  |  |  |
| We hereby certify that this bus wi<br>County Transportation Committee. We agree to supervision of this b<br>required; to provide a vehicle which<br>Superintendent; and to provide a lice<br>We also agree to refrain from sol<br>We understand that violations of<br>this bus route.<br>We agree that if this route crosse<br>the school boards of both districts sh<br>We understand route changes of<br>accordance with 20-10-132, MCA. | We further of us and bus meets the rensed, qualiciting or ca the laws, rules district linuall be attaccurring duri | certify that a route by the minimum statistical and a pushing other ules or regulates and training the schedules check to the schedules check to the schedules check the schedules check the schedules and training the schedules check the schedules are the schedules | this bus transports pupils ne State Superintendent; to tandards as established proproved driver to operate rs to solicit students from ulations governing school to ansports students from outs county superintendent's cool year require the filing | eligible for solo<br>o make such of<br>y the Board of<br>such vehicle a<br>other transpor<br>transportation<br>side the distric-<br>topy of this do<br>of an amende | nool transportation as<br>eports to the State S<br>Public Education, this<br>is required by 20-10-<br>tation areas.<br>will be sufficient cau<br>t, a copy of the agre-<br>cument.<br>d TR-1 form and app | s defined by 2 Superintenden ee Montana Hi  103, MCA. se for withholo ement betwee proval of the C | 0-10-101, MC, t and County 8 ghway Patrol a ding of state at n Boards, 20- ounty Transpo | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| I certify that this application for rebus operates on the route as ap  |  |   |  |   |   |  |  |  |
| Signature - Chair, Board of Trustees   | •  |   |  |   |   |  | Date   |  |
| County This Application for Registration area assigned to it by the County   | of Schoo   | I Bus and   |  |   |   |  |  |  |
| Signature - Chair, County Transports   |  |   |  |   |   |  | Date   |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ex   |   |   |   |  | one form for ea   | ach bus route that   |
|---|---|---|---|--|---|--|
| <b>Due Dates</b><br>All Routes  | <b>3:</b>   |   | County Suproblem 1  | To OPI<br>October 15   |   | Rate Per Mile<br>\$1.57  |
| County Name   |   | County Number   | District  | Name   |   | Legal Entity Number  |
| Missoula  |   | 32  | Misso   | ula Co Public Schls  |   | 0583 0584  |
| Route #   | Length of Rou   | ite (miles per day)   | Type of   | f Service ☐ Bus Route Mi<br>☐ Non Bus Mile   | 5 -   | Rated Capacity   |
| 7BA   | 76.6  |   | Bus R   | toute Mileage  |   | 71   |
| Vehicle I.D. #  | License   | #   | □ District  | : Owned<br>ct - If so, Name of Owner <b>I</b>  | Contractor C<br>Reach Trans   |  |
| 8847  | 1828  |   | □ Contra  | cted rate per mile   |   |  |
| Reimbursement Distribution- En  | ter the legal en  |   | ge of state/co  |  | aid to each dis   | trict. Note: Percentages   |
| Legal Entity<br>0584  | Legal Er  |   | Legal E   |  | Legal Entit   | У  |
| % 100.00  | %   |   | %   |  | %   |  |
| PASSENGER INFORMATION   | _   | EL EMENTA DV DID  | -   |  | DEDO  | TOTAL  |
| Number of Preschool/Kindergart riding this route  | ten pupils  | ELEMENTARY RID<br>(Grades PK-8)   |   | HIGH SCHOOL RI<br>(Grades 9-12   |   | TOTAL<br>ELIGIBLE RIDERS   |
|   |   | a<br>NUMBER   |   | b<br>NUMBER  |   | c<br>a+b   |
| Regular (include eligible Preschool/K riders)   | Cindergarten  | NOWBER  |   | NOWBER   |   | a + b  |
| 1st Wheelchair (WC)   |   |   |   |  |   |  |
| 2nd Wheelchair (WC)   |   |   |   |  |   |  |
| Additional Wheelchairs (WC)   |   |   |   |  |   |  |
| Non-WC IEP Lists Trans as Related   | Service   |   |   |  |   |  |
| TOTAL ELIGIBLE RIDERS   |   |   |   |  |   |  |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance  |   |   |  |   |  |
| TOTAL RIDERS  |   |   |   |  |   |  |
|   |   |   |   |  |   |  |
| We hereby certify that this bus wil County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA. | We further certify us and bus route meets the minimus ensed, qualified an citing or causing the laws, rules or a district lines and all be attached to curring during the | that this bus transports pupils by the State Superintendent; im standards as established but approved driver to operate others to solicit students from regulations governing school d transports students from out to the county superintendent's a school year require the filing | eligible for sch<br>to make such r<br>by the Board of<br>such vehicle a<br>other transpor<br>transportation<br>sside the distric<br>copy of this do<br>of an amende | nool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwourhent. d TR-1 form and approval of the | v 20-10-101, MC/<br>ent and County S<br>Highway Patrol a<br>olding of state an<br>een Boards, 20- | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| I certify that this application for rebus operates on the route as ap   |   |   |   |  |   |  |
| Signature - Chair, Board of Trustees  | •   |   |   |  | Date  |  |
| County T This Application for Registration area assigned to it by the County  | of School Bus   | and State Reimbursemen  |   | accordance with Section 2 eviewed and I certify that this  |   |  |
| Signature - Chair, County Transporta  |   |   |   |  | Date  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement e  |   |   |  |  |  |  |  | one form for e  | ach bus route that  |
|---|---|---|--|--|--|--|--|---|---|
| <b>Due Date</b><br>All Routes   | s:  | 3   | ·  | To C   | ounty S<br>ber 1   | •  | <b>To OPI</b><br>October 15  |   | Rate Per Mile<br>\$1.57   |
| County Name   |   |   |  | County Number  | Dis  | trict Name   |  |   | Legal Entity Number   |
| Missoula  |   |   |  | 32   | Mis  | ssoula Co  | Public Schls   |   | 0583 0584   |
| Route #   | Leng  | gth of Ro   | oute (   | miles per day)   |  | e of Service   |  | eage  | Rated Capacity  |
| 5BA   | 63  |   |  |  | D.,  | s Route N  | ☐ Non Bus Milea  | age   | 71  |
| Vehicle I.D. #  | 100   | License   | e #  |  | •  | strict Owned   | •  | Contractor (  |   |
| 2507  |   | 1826  |  |  | □ Co   |  | , Name of Owner E  |   |   |
| Reimbursement Distribution- En  | nter the  | e legal e   | ntity  | number and percentage<br>must materials  |  |  | mbursement to be pa  | aid to each dis   | strict. Note: Percentages   |
| Legal Entity  |   | Legal E   | Entity   |  |  | al Entity  |  | Legal Enti  | ty  |
| 0584  |   |   |  |  |  |  |  |   |   |
| % 100.00  |   | %   |  |  | Q  | %  |  | %   |   |
| PASSENGER INFORMATION   |   |   |  | ELEMENTARY RIDE  | .DC  |  | LIICH SCHOOL BI  | DEDC  | TOTAL   |
| Number of Preschool/Kindergariding this route   | rten pu   | ıpils   |  | (Grades PK-8)  | .KS  |  | HIGH SCHOOL RI<br>(Grades 9-12   |   | ELIGIBLE RIDERS   |
|   |   |   |  | a<br>NUMBER  |  |  | b<br>NUMBER  |   | c<br>a + b  |
| Regular (include eligible Preschool/riders)   | Kinderg   | garten  |  |  |  |  |  |   |   |
| 1st Wheelchair (WC)   |   |   |  |  |  |  |  |   |   |
| 2nd Wheelchair (WC)   |   |   |  |  |  |  |  |   |   |
| Additional Wheelchairs (WC)   |   |   |  |  |  |  |  |   |   |
| Non-WC IEP Lists Trans as Related   | d Service   | e   |  |  |  |  |  |   |   |
| TOTAL ELIGIBLE RIDERS   |   |   |  |  |  |  |  |   |   |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)  | dance   |   |  |  |  |  |  |   |   |
| (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)   |   | riders)   |  |  |  |  |  |   |   |
| TOTAL RIDERS  |   |   |  |  |  |  |  |   |   |
|   |   |   |  |  |  |  |  |   |   |
| We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts so We understand route changes of accordance with 20-10-132, MCA. | We furt<br>bus and<br>meets t<br>ensed,<br>liciting of<br>the law<br>es distriction | ther certify<br>bus route<br>the minim<br>qualified a<br>or causing<br>vs, rules o<br>ct lines ar<br>attached t | y that<br>e by the<br>num si<br>and a<br>g othe<br>or regulated<br>and train<br>to the | this bus transports pupils e<br>ne State Superintendent; to<br>tandards as established by<br>pproved driver to operate s<br>rs to solicit students from o<br>ulations governing school tr<br>nsports students from outsi<br>county superintendent's co | eligible for make surthe Boar uch vehicate ther transportante de the dispy of this | or school trans uch reports to rd of Public E. cle as require sportation are tition will be su istrict, a copy s document. | sportation as defined by<br>the State Superintende<br>ducation, the Montana id<br>by 20-10-103, MCA.<br>eas.<br>of the agreement between | 20-10-101, MC<br>ent and County<br>Highway Patrol<br>olding of state a<br>een Boards, 20- | A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by |
| I certify that this application for bus operates on the route as a  |   |   |  |  |  |  |  |   |   |
| Signature - Chair, Board of Trustees  |   |   |  |  |  |  | <u> </u>   | Date  |   |
| This Application for Registration   | n of Sc   | hool Bus  | s and  |  |  |  |  |   |   |
| area assigned to it by the Coun<br>Signature - Chair, County Transport  | -   |   |  | ommittee.  |  |  |  | Date  |   |
| •   |   |   |  |  |  |  |  |   |   |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordant receives state reimbursement even  |  | ,  |  |   | •  |   |  |
|---|--|--|--|---|--|---|--|
| <b>Due Dates:</b><br>All Routes   | :  |  |  | ounty Sup   | t To OPI<br>October 15   |   | Rate Per Mile<br>\$1.57  |
| County Name   |  |  | County Number  | District  | Name   |   | Legal Entity Number  |
| Missoula  |  |  | 32   |   | oula Co Public Schls   |   | 0583 0584  |
| Route #   | Length of  | Route  | (miles per day)  | Type o  | f Service   Bus Route Mi  Non Bus Mile   | U   | Rated Capacity   |
|   | 64   |  |  | Bus F   | Route Mileage  |   | 71   |
| Vehicle I.D. #<br>2188  | 518  | nse #<br>88  |  |   | t Owned C<br>act - If so, Name of Owner E<br>acted rate per mile   | Contractor (<br>Beach Tran  |  |
| Reimbursement Distribution- Ente  | er the lega  | al entity  |  | e of state/co   | ounty reimbursement to be p  | aid to each dis   | strict. Note: Percentages  |
| Legal Entity  | Leg  | al Entity  |  | atch budge<br>Legal E   |  | Legal Entit   | у  |
| 0584  |  |  |  |   |  |   |  |
| % 100.00  | o  | %  |  | %   |  | %   |  |
| PASSENGER INFORMATION   |  |  |  |   |  |   |  |
| Number of Preschool/Kindergarte riding this route   | en pupils  |  | ELEMENTARY RIDE<br>(Grades PK-8)   | ERS   | HIGH SCHOOL RI<br>(Grades 9-12   |   | TOTAL<br>ELIGIBLE RIDERS   |
|   |  |  | а  |   | b  |   | C .  |
| Regular (include eligible Preschool/Kii   | ndergarten   |  | NUMBER   |   | NUMBER   |   | a + b  |
| riders) 1st Wheelchair (WC)   |  |  |  |   |  |   |  |
| 2nd Wheelchair (WC)   |  |  |  |   |  |   |  |
| Additional Wheelchairs (WC)   |  |  |  |   |  |   |  |
| Non-WC IEP Lists Trans as Related S   | Service  |  |  |   |  |   |  |
| TOTAL ELIGIBLE RIDERS   |  |  |  |   |  |   |  |
| Ineligible Public School Riders (i.e., urmiles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga   | nce  |  |  |   |  |   |  |
| Nonpublic School Riders (ineligible)  | ,  |  |  |   |  |   |  |
| TOTAL RIDERS  |  |  |  |   |  |   |  |
| We hereby certify that this bus will County Transportation Committee. W We agree to supervision of this bus required; to provide a vehicle which m Superintendent; and to provide a licen We also agree to refrain from solici We understand that violations of the this bus route.  We agree that if this route crosses the school boards of both districts sha We understand route changes occurred accordance with 20-10-132, MCA.  I certify that this application for re | Ve further cess and bus re- seets the minsed, qualificating or cause laws, rule district lines district lines attach | ertify that oute by to the poute by to the poute by to the poute by th | this bus transports pupils of the State Superintendent; to transport and the standards as established by proved driver to operate sets to solicit students from culations governing school transports students from outset county superintendent's concol year require the filing concol year require the filing control of the state of t | eligible for so<br>make such<br>the Board or<br>such vehicle<br>ther transpo-<br>ansportation<br>de the distric-<br>topy of this do<br>of an amende | nool transportation as defined by reports to the State Superintende Public Education, the Montana as required by 20-10-103, MCA. tation areas. will be sufficient cause for withh tt, a copy of the agreement betwoment. d TR-1 form and approval of the | y 20-10-101, MC<br>ent and County \$<br>Highway Patrol a<br>olding of state at<br>een Boards, 20- | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| bus operates on the route as app  |  |  |  |   |  | sportation Cor  |  |
| Signature - Chair, Board of Trustees  |  |  |  |   |  | Date  |  |
| This Application for Registration of area assigned to it by the County  | of School  | Bus and<br>tation C  | d State Reimbursement  |   | accordance with Section 2 eviewed and I certify that this  |   |  |
| Signature - Chair, County Transportat   | tion Commit  | tee  |  |   |  | Date  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement en  |   |  |   |   |  | one form for ea   | ach bus route that   |
|--|---|--|---|---|--|---|--|
| <b>Due Dates</b><br>All Routes   |   |  |   | County Sup  | t To OPI<br>October 15   |   | Rate Per Mile<br>\$1.57  |
| County Name  |   |  | County Number   | District  | Name   |   | Legal Entity Number  |
| Missoula   |   |  | 32  |   | oula Co Public Schls   |   | 0583 0584  |
| Route #  | Length of   | Route  | (miles per day)   | Type o  | f Service □ Bus Route M<br>□ Non Bus Mile  | J   | Rated Capacity   |
| 1BA<br>Vehicle I.D. #  | 54  | #  |   | 1 '   | Route Mileage  |   | 71   |
| 8000   | 184   | nse#<br>·0   |   |   | t Owned<br>act - If so, Name of Owner<br>acted rate per mile   | Contractor (<br>Beach Tran  |  |
| Reimbursement Distribution- En   | ter the lega  | al entity  |   | e of state/co   | ounty reimbursement to be p  | paid to each dis  | strict. Note: Percentages  |
| Legal Entity<br>0584   | Lega  | al Entity  |   | Legal E   |  | Legal Entit   | у  |
| % 100.00   | 9   | 6  |   | %   |  | %   |  |
| PASSENGER INFORMATION  |   |  |   |   |  |   |  |
| Number of Preschool/Kindergar riding this route  | ten pupils  |  | ELEMENTARY RIDE<br>(Grades PK-8)  | ERS   | HIGH SCHOOL R<br>(Grades 9-1:  |   | TOTAL<br>ELIGIBLE RIDERS   |
|  |   |  | a<br>NUMBER   |   | b<br>NUMBER  |   | c<br>a + b   |
| Regular (include eligible Preschool/kriders)   | Kindergarten  |  | NOWBER  |   | NOMBER   |   | a i b  |
| 1st Wheelchair (WC)  |   |  |   |   |  |   |  |
| 2nd Wheelchair (WC)  |   |  |   |   |  |   |  |
| Additional Wheelchairs (WC)  |   |  |   |   |  |   |  |
| Non-WC IEP Lists Trans as Related  | Service   |  |   |   |  |   |  |
| TOTAL ELIGIBLE RIDERS  |   |  |   |   |  |   |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance  |  |   |   |  |   |  |
| TOTAL RIDERS   |   |  |   |   |  |   |  |
| TOTAL RIDERS   |   |  |   |   |  |   |  |
| We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this bi required; to provide a vehicle which is Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts shi We understand route changes on accordance with 20-10-132, MCA. | We further ce<br>us and bus ro<br>meets the mi<br>ensed, qualifi-<br>iciting or caus<br>the laws, rule<br>s district lines<br>all be attach<br>courring durin | ertify that bute by t nimum s ed and a sing othe es or reg s and tra ed to the g the scl | this bus transports pupils the State Superintendent; the State Superintendent; the Standards as established by supproved driver to operate sers to solicit students from culations governing school transports students from outselve county superintendent's concol year require the filing of | eligible for so<br>o make such<br>of the Board of<br>such vehicle<br>other transporansportation<br>side the distriction<br>opy of this do<br>of an amende | hool transportation as defined breports to the State Superintence. Public Education, the Montana se required by 20-10-103, MCA tation areas.  will be sufficient cause for withlest, a copy of the agreement betwoment.  d TR-1 form and approval of the | y 20-10-101, MC lent and County \$ Highway Patrol a nolding of state al ween Boards, 20- e County Transpo | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| I certify that this application for r bus operates on the route as ap  |   |  |   |   |  |   |  |
| Signature - Chair, Board of Trustees   |   |  | ·   |   |  | Date  |  |
| County T This Application for Registration area assigned to it by the Count  | of School I   | Bus and  | d State Reimbursement   |   | accordance with Section eviewed and I certify that the   |   |  |
| Signature - Chair, County Transporta   |   |  |   |   |  | Date  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| receives state reimbursement e  Due Date All Routes  | ven though trans   | portees of another legal er  | ntity may ut<br>ounty Supt   | ilize the services. To O  | ·  | Rate Per Mile<br>\$1.57  |
|--|--|--|--|---|--|--|
|  |  |  |  |   |  | 1  |
| County Name  |  | County Number  | District   | Name  |  | Legal Entity Number  |
| Missoula   |  | 32   |  | ula Co Public   |  | 0583 0584  |
| Route #  | Length of Rout   | e (miles per day)  | Type of  | Service □ Bus   | Route Mileage<br>Bus Mileage   | Rated Capacity   |
| 9BA  | 48   |  | Bus R  | oute Mileage  |  | 71   |
| Vehicle I.D. #   | License #  |  | □ District   |   |  | or Owned   |
| 0572   | 1852   |  |  | ct - If so, Name of<br>cted rate per mile   | Owner Beach T  | ransportation  |
| Reimbursement Distribution- Er   | nter the legal enti  |  |  |   | ent to be paid to eacl   | n district. Note: Percentages  |
| Legal Entity   | Legal Ent  |  | tch budget<br>Legal E  |   | Legal  | Entity   |
| 0584   |  | •  |  | •   |  | ,  |
| % 100.00   | %  |  | %  |   | %  |  |
| PASSENGER INFORMATION  | /0   |  | /0   |   | 76   |  |
| Number of Preschool/Kindergar riding this route  | ten pupils   | ELEMENTARY RIDE<br>(Grades PK-8)   | RS   |   | CHOOL RIDERS<br>ades 9-12)   | TOTAL<br>ELIGIBLE RIDERS   |
|  |  | a<br>NUMBER  |  | N   | b<br>IUMBER  | c<br>a+b   |
| Regular (include eligible Preschool/liders)  | Kindergarten   |  |  |   |  |  |
| 1st Wheelchair (WC)  |  |  |  |   |  |  |
| 2nd Wheelchair (WC)  |  |  |  |   |  |  |
| Additional Wheelchairs (WC)  |  |  |  |   |  |  |
| Non-WC IEP Lists Trans as Related  | Service  |  |  |   |  |  |
| TOTAL ELIGIBLE RIDERS  |  |  |  |   |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | lance  |  |  |   |  |  |
| TOTAL RIDERS   |  |  |  |   |  |  |
| We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA. | We further certify the sustained by meets the minimum ensed, qualified and iciting or causing of the laws, rules or restained by a district lines and the laws are sustained by a district lines and the laws are sustained to the sustained by a district lines and the laws are sustained to the sustained by a district lines and the laws are sustained by a district lines and the sustained by a district lines and th | at this bus transports pupils elea the State Superintendent; to a standards as established by it approved driver to operate suchers to solicit students from ot egulations governing school tractransports students from outsic transports students from outsic transports of the county superintendent's colored to the standard stand | igible for sch<br>make such r<br>the Board of<br>uch vehicle a<br>her transport<br>ansportation<br>de the district<br>py of this doc | pool transportation as<br>eports to the State S<br>Public Education, the<br>s required by 20-10-<br>tation areas.<br>will be sufficient cause<br>t, a copy of the agree<br>toument. | s defined by 20-10-101 superintendent and Coule Montana Highway Pa 103, MCA.  se for withholding of statement between Boards | , MCA. unty Superintendent as are atrol and the State ate and county reimbursement for , 20-10-126(2) MCA, signed by |
| I certify that this application for<br>bus operates on the route as ap   |  |  |  |   |  |  |
| Signature - Chair, Board of Trustees   |  |  |  |   | Date   |  |
| County This Application for Registration area assigned to it by the Coun   | of School Bus a  |  |  |   |  |  |
| Signature - Chair, County Transport  | ation Committee  |  |  |   | Date   |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordareceives state reimbursement e   |                      |   |                     |  | ete one form for e   | each bus route that          |
|--|----------------------|---|---------------------|--|----------------------|------------------------------|
|  | -                    |   | , ,                 |  |                      | Rate Per Mile                |
| Due Date<br>All Routes   |                      | Octo                                    | ounty Supt<br>per 1 | t To OPI<br>October 15                         |                      | \$1.57                       |
| County Name  |                      | County Number                           | District            | Name   |                      | Legal Entity Number          |
| Missoula   |                      | 32                                      | Misso               | ula Co Public Schls                            |                      | 0583 0584                    |
| Route #  | Length of Rou        | ite (miles per day)                     | Type of             | f Service   Bus Route                          |                      | Rated Capacity               |
| 3BA  | 50                   |   | Bus R               | □ Non Bus N<br>Route Mileage                   | /illeage             | 71                           |
| Vehicle I.D. #   | License              | #                                       | □ District          | t Owned  | Contractor           |                              |
| 3944   | 9654                 |   |                     | ct - If so, Name of Owne<br>cted rate per mile | r Beach Trar         | sportation                   |
| Reimbursement Distribution- En   | nter the legal en    |   | of state/co         |  | e paid to each di    | strict. Note: Percentages    |
| Legal Entity   | Legal Er             |   | Legal E             |  | Legal Enti           | ty                           |
| 0584   |                      |   |                     |  |                      |                              |
| % 100.00   | %                    |   | %                   |  | %                    |                              |
| PASSENGER INFORMATION  | ,,,                  |   |                     |  |                      |                              |
| Number of Preschool/Kindergal  | rten pupils          | ELEMENTARY RIDE<br>(Grades PK-8)        | RS                  | HIGH SCHOOL<br>(Grades 9                       |                      | TOTAL<br>ELIGIBLE RIDERS     |
| riding this route  |                      | (====================================== |                     | (3.3.3.3.3                                     | /                    |                              |
|  |                      | а                                       |                     | b  |                      | С                            |
| Regular (include eligible Preschool/   | Kindergarten         | NUMBER                                  |                     | NUMBE  | ER .                 | a + b                        |
| riders)  1st Wheelchair (WC)   |                      |   |                     |  |                      |                              |
| 2nd Wheelchair (WC)  |                      |   |                     |  |                      |                              |
| Additional Wheelchairs (WC)  |                      |   |                     |  |                      |                              |
| Non-WC IEP Lists Trans as Related  | I Contino            |   |                     |  |                      |                              |
|  | 1 Service            |   |                     |  |                      |                              |
| TOTAL ELIGIBLE RIDERS  |                      |   |                     |  |                      |                              |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)   |                      |   |                     |  |                      |                              |
| agreement) (Include ineligible Preschool/Kinderg   | garten riders)       |   |                     |  |                      |                              |
| Nonpublic School Riders (ineligible)   |                      |   |                     |  |                      |                              |
| TOTAL RIDERS   |                      |   |                     |  |                      |                              |
| We hereby certify that this bus w  | ill operate entirely | on the route established by the         | Board of Tru        | Lustees and within the transpo                 | ortation area assign | ed and approved by the       |
| County Transportation Committee. We agree to supervision of this b   | We further certify   | that this bus transports pupils e       | ligible for sch     | nool transportation as define                  | d by 20-10-101, MC   | CA.                          |
| required; to provide a vehicle which Superintendent; and to provide a lic  | meets the minimu     | m standards as established by           | the Board of        | Public Education, the Monta                    | ana Highway Patrol   |                              |
| We also agree to refrain from so<br>We understand that violations of   | liciting or causing  | others to solicit students from o       | her transpor        | tation areas.                                  |                      | and county reimbursement for |
| this bus route.  |                      |   | •                   |  | · ·                  | ,                            |
| We agree that if this route crosses the school boards of both districts s We understand route changes or accordance with 20 10 132 MCA | hall be attached to  | the county superintendent's co          | py of this do       | cument.  |                      |                              |
| accordance with 20-10-132, MCA.  I certify that this application for   |                      |   |                     |  |                      |                              |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees  |                      | within the transportation sei           | vice area a         | assigned by the County T                       | Date Date            | mmittee.                     |
|  |                      |   |                     |  |                      |                              |
| County This Application for Registration area assigned to it by the Coun   | n of School Bus      |   |                     |  |                      |                              |
| Signature - Chair, County Transport  |                      | ii Committee.                           |                     |  | Date                 |                              |
|  |                      |   |                     |  |                      |                              |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |  |  |  |   |  |   | one form for e  | ach bus route that  |
|--|--|--|--|---|--|---|---|---|
| Due Dates  | s:   |  | To   | County Su   |  | То ОРІ  |   | Rate Per Mile   |
| All Routes   |  |  | Oct  | ober 1  |  | October 15  |   | \$1.57  |
| County Name  |  |  | County Number  | Distric   | t Name   |   |   | Legal Entity Number   |
| Missoula   |  |  | 32   | Miss  | oula Co Pu   | blic Schls  |   | 0583 0584   |
| Route #  | Length   | of Route   | (miles per day)  | Туре  |  | Bus Route Mil Non Bus Milea   | -   | Rated Capacity  |
| 14bb   | 50   |  |  | Bus   | Route Milea  |   | ige   | 71  |
| Vehicle I.D. #   | Li   | icense #   |  |   | ct Owned   |   | Contractor (  |   |
| 8475   |  | 812  |  | □ Cont  | acted rate per   |   |   |   |
| Reimbursement Distribution- En   | iter the le  | egal entity  |  | ge of state/onatch budg   |  | sement to be pa   | aid to each dis   | strict. Note: Percentages   |
| Legal Entity<br>0583   | L  | egal Entity  |  | Legal   |  |   | Legal Entit   | ty  |
| 0363   |  |  |  |   |  |   |   |   |
| % 100.00   |  | %  |  | %   |  |   | %   |   |
| PASSENGER INFORMATION  |  |  | ELEMENTARY RID   | EDC   | 1110   | NI COLICOL DI   | DEDC  | TOTAL   |
| Number of Preschool/Kindergar riding this route  | ten pupil  | Is   | (Grades PK-8)  | EKS   | HIG  | GH SCHOOL RII<br>(Grades 9-12)  |   | TOTAL<br>ELIGIBLE RIDERS  |
|  |  |  | a  |   |  | b   |   | C .   |
| Regular (include eligible Preschool/hriders)   | Kindergart   | ten  | NUMBER   |   |  | NUMBER  |   | a + b   |
| 1st Wheelchair (WC)  |  |  |  |   |  |   |   |   |
| 2nd Wheelchair (WC)  |  |  |  |   |  |   |   |   |
| Additional Wheelchairs (WC)  |  |  |  |   |  |   |   |   |
| Non-WC IEP Lists Trans as Related  | Service  |  |  |   |  |   |   |   |
| TOTAL ELIGIBLE RIDERS  |  |  |  |   |  |   |   |   |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)   | ance   |  |  |   |  |   |   |   |
| (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | garten ride  | ers)   |  |   |  |   |   |   |
| TOTAL RIDERS   |  |  |  |   |  |   |   |   |
| We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts she we understand route changes of accordance with 20-10-132, MCA.  I certify that this application for rouse operates on the route as ap | We furthe us and bu meets the ensed, qui iciting or country the laws, as district I hall be attacurring duregistration proved by | er certify that us route by the minimum is eminimum is causing other rules or regulations and training the science of school of school of school of school or the science of the school of | It this bus transports pupils the State Superintendent; is standards as established approved driver to operate ers to solicit students from ulations governing school ansports students from out a county superintendent's a chool year require the filing tool bus and state reimbi | eligible for s<br>to make such<br>y the Board<br>such vehicle<br>other transportatio<br>side the distr<br>copy of this c<br>of an amend | chool transportar<br>reports to the S<br>of Public Educati<br>as required by 2<br>ortation areas.<br>In will be sufficier<br>ict, a copy of the<br>ocument.<br>ed TR-1 form ar | tion as defined by state Superintende ion, the Montana H 20-10-103, MCA. Int cause for withhouse agreement between dapproval of the plete to the besi | 20-10-101, MC int and County it dighway Patrol liding of state a een Boards, 20- County Transport t of my knowle sportation Cou | A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the |
| Signature - Chair, Board of Trustees   |  |  |  |   |  |   | Date  |   |
| County   | Francho  | rtation Co   | ommittee Approval as   | required :  | n accordance   | with Section 3  | n_1n_132 M/   | 2Δ  |
| This Application for Registration area assigned to it by the Count   | of Scho<br>ty Transp   | ool Bus and portation C  | d State Reimbursemen   |   |  |   |   |   |
| Signature - Chair, County Transporta   | ation Com  | nmittee  |  |   |  |   | Date  |   |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda  | nce with Title 20,      | Chapter 10, Part 1, MCA          | A. School di            | strict official must                      | complete one form            | for each bus route that                 |
|---|-------------------------|----------------------------------|-------------------------|---|------------------------------|---|
| receives state reimbursement e  |                         |                                  |                         |   |                              | Rate Per Mile                           |
| Due Dates<br>All Routes   |                         |                                  | County Supr             |   | <b>PI</b><br>ber 15          | \$1.57                                  |
| All Routes  |                         | Ocic                             | bbei i                  | Octo                                      | Del 15                       | \$1.57                                  |
| County Name   |                         | County Number                    | District                | Name                                      |                              | Legal Entity Number                     |
| Missoula  |                         | 32                               | Misso                   | ula Co Public                             | Schls                        | 0583 0584                               |
| Route #   | Length of Route         | (miles per day)                  | Type of                 |   | Route Mileage<br>Bus Mileage | Rated Capacity                          |
| 8HA   | 59                      |                                  | Bus R                   | oute Mileage                              | Dus Mileage                  | 71                                      |
| Vehicle I.D. #  | License #               |                                  | □ District              |   |                              | ctor Owned                              |
| 3945  | 9655                    |                                  |                         | ct - If so, Name of<br>cted rate per mile | Owner Beach                  | Transportation                          |
| Reimbursement Distribution- En  | iter the legal entity   |                                  |                         |   | nt to be paid to ea          | ch district. Note: Percentages          |
| Legal Entity  | Legal Entit             |                                  | natch budget<br>Legal E |   | Lega                         | I Entity                                |
| 0584  |                         |                                  |                         |   |                              |   |
| % 100.00  | %                       |                                  | %                       |   | %                            |   |
| PASSENGER INFORMATION   | /0                      |                                  | -70                     |   | 70                           |   |
| Number of Preschool/Kindergar   | ten pupils              | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                     |   | CHOOL RIDERS<br>ades 9-12)   | TOTAL<br>ELIGIBLE RIDERS                |
| riding this route   |                         | (3.4433 : 113)                   |                         | (0.                                       | ,                            |   |
|   |                         | a                                |                         |   | b                            | C .                                     |
| Regular (include eligible Preschool/h   | Kindergarten            | NUMBER                           |                         | N   | IUMBER                       | a + b                                   |
| riders) 1st Wheelchair (WC)   |                         |                                  |                         |   |                              |   |
| 2nd Wheelchair (WC)   |                         |                                  |                         |   |                              |   |
| Additional Wheelchairs (WC)   |                         |                                  |                         |   |                              |   |
| Non-WC IEP Lists Trans as Related   | Service                 |                                  |                         |   |                              |   |
| TOTAL ELIGIBLE RIDERS   |                         |                                  |                         |   |                              |   |
| Ineligible Public School Riders (i.e.,  |                         |                                  |                         |   |                              |   |
| miles OR nonresident and no attend agreement)                                 |                         |                                  |                         |   |                              |   |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible) | garten riders)          |                                  |                         |   |                              |   |
| TOTAL RIDERS  |                         |                                  |                         |   |                              |   |
| We hereby certify that this bus wi  | Il operate entirely on  | the route established by the     | e Board of Tri          | stees and within the                      | transportation area          | assigned and approved by the            |
| County Transportation Committee.  We agree to supervision of this b           | We further certify tha  | it this bus transports pupils o  | eligible for sch        | ool transportation as                     | defined by 20-10-10          | 01, MCA.                                |
| required; to provide a vehicle which Superintendent; and to provide a lice    | meets the minimum       | standards as established by      | the Board of            | Public Education, the                     | e Montana Highway F          |   |
| We also agree to refrain from soli  | iciting or causing oth  | ers to solicit students from o   | other transpor          | ation areas.                              |                              | state and county reimbursement for      |
| this bus route.  We agree that if this route crosse                           | ,                       | , , ,                            | •                       |   | · ·                          | •                                       |
| the school boards of both districts sh<br>We understand route changes on      | nall be attached to the | e county superintendent's c      | opy of this do          | cument.                                   |                              | , |
| accordance with 20-10-132, MCA.   |                         |                                  |                         |   |                              | ·                                       |
| I certify that this application for r bus operates on the route as ap         | proved by and wit       |                                  |                         |   | unty Transportatio           |   |
| Signature - Chair, Board of Trustees  | :                       |                                  |                         |   | Date                         |   |
|   |                         | ommittee Approval as             |                         |   |                              |   |
| This Application for Registration area assigned to it by the Count            | of School Bus an        | d State Reimbursement            |                         |   |                              |   |
| Signature - Chair, County Transporta  |                         |                                  |                         |   | Date                         |   |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Rate Per Mile    Due Dates   To County Number   October 15   To Opt  | This form is required in accorda   | nce with Title   | e 20, Chapter 10, Part           | 1, MCA. S      | School dis   | strict official     | must complete o     | one form for e    | ach bus route that          |
|--|--|------------------|----------------------------------|----------------|--------------|---------------------|---------------------|-------------------|-----------------------------|
| County Name   County Number   District Name   Legal Entity Number   District Name   Legal Entity Number   District Name   Nissoula   OS83 0584   |  | _                | ransportees of another           | -              |              |                     |                     |                   | Rate Per Mile               |
| Missoula 32 Missoula Co Public Schis 0583 0584 Route # Length of Route (miles per day) 26ss 62 Bus Route Mileage I Non Bus Mileage 26ss 62 Bus Route Mileage 27 Non Bus Mileage 28 Bus Route Mileage 38 Non Mileage 38 N |  |                  |                                  |                |              | I                   |                     |                   | \$0.95                      |
| Regular (include eligible Preschool/Kindergarten nices)   For Author (MC)   For Au   | County Name  |                  | County Numbe                     | er             | District     | Name                |                     |                   | Legal Entity Number         |
| 26ss 62 Bus Route Mileage 41  Vehicle ID. # License # Contract Ir so Name of Owner Contract Owned Contract Ir so Name of Owner Contr | Missoula   |                  | 32                               |                | Misso        | ula Co Pu           | ıblic Schls         |                   | 0583 0584                   |
| Passenger   Pass   | Route #  | Length of I      | Route (miles per day)            |                | Type of      |                     |                     |                   | Rated Capacity              |
| Reimbursement Distribution: Enter the legal entity number and percentage of state-county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  OS04  Legal Entity  Legal Entity  Sea 100.00  Sea 96  FASSENGER INFORMATION  FASSENGER INFORMATION  Legal Entity  Sea 100.00  Sea 96  Sea 100.00  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8))  Regular (include eligible Preschool/Kindergarten | 26ss   | 62               |                                  |                | Bus R        |                     |                     | age               | 41                          |
| Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  L | Vehicle I.D. #   | Licen            | se#                              |                |              |                     |                     |                   |                             |
| Legal Entity 0584  % 100.00  % % % %  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  **ELMENTARY RIDERS (Grades PK-8)  **IGH SCHOOL RIDERS  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement)  **Ineligible Public School Riders (i.e., under 3 miles QR nonresident and no attendance agreement developed the public devices on the transportation area assigned and approved by the County Transportation area assigned and public devices on the public agreement and the public devices on the publi |  |                  |                                  |                | Contra       | cted rate pe        | r mile              |                   |                             |
| Legal Entity  Sy 100.00  W 100.00  W 20  Number of Preschool/Kindergarten pupils  (Grades Pk-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten n | Reimbursement Distribution- Er   | iter the legal   |                                  |                |              |                     | rsement to be pa    | aid to each dis   | strict. Note: Percentages   |
| PASSENGER INFORMATION  Unmber of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) IS (Grades Park 9-12) IS (Grades 9-12) IS (Grades Park 9-12) IS (Grades Park 9-12) IS (Grades |  | Lega             |                                  |                |              |                     |                     | Legal Enti        | ty                          |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils  (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils  Regular (include eligible Preschool/Kindergarten noders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR normesident and no attendance agreement)  (Include ineligible Preschool/Kindergarten inders)  Nonpublic School Riders (i.e., under 3 miles OR normesident and no attendance agreement)  (Include ineligible Preschool/Kindergarten inders)  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR normesident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of his bus and bus route by the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education. How Montana Highway Patrol and the State Superintendent and County Superintendent and County Superintendent and County Superintendent of the State Superintendent and County Superintendents of the State Superintendent an | 0364   |                  |                                  |                |              |                     |                     |                   |                             |
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| the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | this bus route.  |                  |                                  |                | •            |                     |                     | · ·               | •                           |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  | the school boards of both districts shade we understand route changes or | nall be attache  | d to the county superinten       | dent's copy    | of this doo  | cument.             | _                   |                   |                             |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  | I certify that this application for i                                    |                  |                                  |                |              |                     |                     |                   |                             |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   |  |                  | na within the transporta         | auon servi     | ce alea a    | ssigned by          | ine County ITAN     |                   | mmauce.                     |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   |  |                  |                                  |                |              |                     |                     |                   |                             |
|  | This Application for Registration  | of School B      | us and State Reimburs            |                |              |                     |                     |                   |                             |
|  |  |                  |                                  |                |              |                     |                     | Date              |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance w receives state reimbursement even the   |  |  |   |   | for each bus route that   |
|---|--|--|---|---|---|
| Due Dates:  |  | •  | unty Supt   | То ОРІ  | Rate Per Mile   |
| All Routes  |  | Octob  |   | October 15  | \$1.57  |
| County Name   |  | County Number  | District Nam  | е   | Legal Entity Number   |
| Missoula  |  | 32   | Missoula  | Co Public Schls   | 0583 0584   |
| Route # Leng  | gth of Route   | (miles per day)  | Type of Serv  | vice □ Bus Route Mileage □ Non Bus Mileage  | Rated Capacity  |
| 1sb 35  |  |  | Bus Route   |   | 71  |
| Vehicle I.D. #  | License #  |  | □ District Own  |   | tor Owned   |
| 2955  | 1845   |  |   | so, Name of Owner Beach rate per mile   | ransportation<br>   |
| Reimbursement Distribution- Enter the   | e legal entity   |  | of state/county tch budget!   | reimbursement to be paid to each  | ch district. Note: Percentages  |
| Legal Entity<br>0583  | Legal Entity   |  | Legal Entity  | Legal   | Entity  |
|   |  |  |   |   |   |
| % 100.00  | %  |  | %   | %   |   |
| PASSENGER INFORMATION   |  | ELEMENTARY RIDER   | RS  | HIGH SCHOOL RIDERS  | TOTAL   |
| Number of Preschool/Kindergarten puriding this route  | upils  | (Grades PK-8)  |   | (Grades 9-12)   | ELIGIBLE RIDERS   |
|   |  | a<br>NUMBER  |   | b<br>NUMBER   | c<br>a + b  |
| Regular (include eligible Preschool/Kinderg   | garten   | -  |   | -   |   |
| 1st Wheelchair (WC)   |  |  |   |   |   |
| 2nd Wheelchair (WC)   |  |  |   |   |   |
| Additional Wheelchairs (WC)   |  |  |   |   |   |
| Non-WC IEP Lists Trans as Related Service   | се   |  |   |   |   |
| TOTAL ELIGIBLE RIDERS   |  |  |   |   |   |
| Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement)  | 3  |  |   |   |   |
| (Include ineligible Preschool/Kindergarten in Nonpublic School Riders (ineligible)  | riders)  |  |   |   |   |
| TOTAL RIDERS  |  |  |   |   |   |
| We hereby certify that this bug will open   | rata antiroly an   | the route established by the   | Poord of Trustoon   | and within the transportation area a  | assigned and approved by the  |
| We hereby certify that this bus will operation Committee. We furth We agree to supervision of this bus and required; to provide a vehicle which meets Superintendent; and to provide a licensed, We also agree to refrain from soliciting we understand that violations of the law this bus route.  We agree that if this route crosses district the school boards of both districts shall be we understand route changes occurring accordance with 20-10-132, MCA. | ther certify that a bus route by the minimum to the minimum a qualified and a or causing others, rules or regict lines and traattached to the g during the sci | this bus transports pupils eli-<br>he State Superintendent; to re-<br>standards as established by transports driver to operate su-<br>ers to solicit students from other<br>ulations governing school tra-<br>transports students from outside<br>e county superintendent's cop-<br>thool year require the filing of | gible for school transke such reports the Board of Public ch vehicle as requer transportation in sportation will be the district, a copy of this documer an amended TR- | ansportation as defined by 20-10-10 s to the State Superintendent and Co c Education, the Montana Highway Fuired by 20-10-103, MCA. areas.  e sufficient cause for withholding of suppy of the agreement between Board ont. | 1, MCA. punty Superintendent as are Patrol and the State  tate and county reimbursement for s, 20-10-126(2) MCA, signed by ransportation Committee in |
| I certify that this application for registre bus operates on the route as approve   |  |  |   |   |   |
| Signature - Chair, Board of Trustees  |  |  |   | Date  |   |
| County Trans This Application for Registration of Sc area assigned to it by the County Tran   | chool Bus and  | d State Reimbursement h  |   | ordance with Section 20-10-13<br>ed and I certify that this bus ope   |   |
| Signature - Chair, County Transportation C  |  |  |   |   |   |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   | nce with Title                  | e 20, Chapter 10, Part                                     | t 1, MCA. S                       | School dis                 | strict official | must complete o                           | one form for e                  | ach bus route that          |
|---|---------------------------------|--|-----------------------------------|----------------------------|-----------------|---|---------------------------------|-----------------------------|
|   |                                 | ransportees of anothe                                      | _                                 |                            |                 |   |                                 | Rate Per Mile               |
| <b>Due Date</b><br>All Routes   |                                 |  | October                           | nty Supt                   |                 | <b>To OPI</b><br>October 15               |                                 | \$1.57                      |
| County Name   |                                 | County Numb  | er                                | District                   | Name            |   |                                 | Legal Entity Number         |
| Missoula  |                                 | 32   |                                   | Misso                      | ula Co Pu       | ıblic Schls                               |                                 | 0583 0584                   |
| Route #   | Length of F                     | Route (miles per day)                                      |                                   |                            | Service         | ☐ Bus Route Mil                           |                                 | Rated Capacity              |
| 9HA   | 35                              |  |                                   | Bus R                      | oute Mile       | □ Non Bus Milea<br>age                    | age                             | 71                          |
| Vehicle I.D. #  | Licen                           | se#  |                                   | District                   | Owned           | (   | Contractor (                    |                             |
| 3945  | 965                             |  |                                   | Contra                     | cted rate pe    |   |                                 | <u> </u>                    |
| Reimbursement Distribution- Er  | nter the legal                  | entity number and pe                                       | rcentage of<br>must match         |                            |                 | rsement to be pa                          | aid to each dis                 | strict. Note: Percentages   |
| Legal Entity  | Lega                            | I Entity   | mast mater                        | Legal E                    |                 |   | Legal Enti                      | ty                          |
| 0584  |                                 |  |                                   |                            |                 |   |                                 |                             |
| % 100.00  | %                               | •  |                                   | %                          |                 |   | %                               |                             |
| PASSENGER INFORMATION   | _                               |  |                                   |                            |                 |   |                                 |                             |
| Number of Preschool/Kindergar   | ten pupils                      | ELEMENTAI<br>(Grades                                       |                                   | 3                          | HIC             | GH SCHOOL RI<br>(Grades 9-12              |                                 | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   |                                 |  |                                   |                            |                 |   |                                 |                             |
|   |                                 | а  |                                   |                            |                 | b   |                                 | C                           |
| Regular (include eligible Preschool/l   | Kindergarten                    | NUM  | BEK                               |                            |                 | NUMBER                                    |                                 | a + b                       |
| riders) 1st Wheelchair (WC)   |                                 |  |                                   |                            |                 |   |                                 |                             |
| 2nd Wheelchair (WC)   |                                 |  |                                   |                            |                 |   |                                 |                             |
| Additional Wheelchairs (WC)   |                                 |  |                                   |                            |                 |   |                                 |                             |
| Non-WC IEP Lists Trans as Related   | Service                         |  |                                   |                            |                 |   |                                 |                             |
| TOTAL ELIGIBLE RIDERS   |                                 |  |                                   |                            |                 |   |                                 |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                                 |  |                                   |                            |                 |   |                                 |                             |
| agreement) (Include ineligible Preschool/Kinderd  |                                 |  |                                   |                            |                 |   |                                 |                             |
| Nonpublic School Riders (ineligible)  |                                 |  |                                   |                            |                 |   |                                 |                             |
| TOTAL RIDERS  |                                 |  |                                   |                            |                 |   |                                 |                             |
| We hereby certify that this bus w   | ill operate enti                | I<br>rely on the route establish                           | hed by the Bo                     | oard of Tru                | stees and wit   | hin the transportat                       | ion area assign                 | ed and approved by the      |
| County Transportation Committee. We agree to supervision of this b  | We further cer<br>us and bus ro | tify that this bus transport<br>ute by the State Superinte | ts pupils eligil<br>endent; to ma | ble for sch<br>ake such re | ool transporta  | ation as defined by<br>State Superintende | 20-10-101, MC<br>ent and County | A.<br>Superintendent as are |
| required; to provide a vehicle which Superintendent; and to provide a lice  | ensed, qualifie                 | d and approved driver to                                   | operate such                      | n vehicle a                | s required by   |   | nigilway Falloi                 | and the State               |
| We also agree to refrain from sol We understand that violations of  |                                 |  |                                   |                            |                 | ent cause for withho                      | olding of state a               | nd county reimbursement for |
| this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by  |                                 |  |                                   |                            |                 |   |                                 | 10-126(2) MCA, signed by    |
| the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in   |                                 |  |                                   |                            |                 |   |                                 |                             |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                                 |  |                                   |                            |                 |   |                                 |                             |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees   |                                 | nd within the transport                                    | tation servic                     | ce area a                  | ssigned by t    | the County Tran                           | sportation Co                   | mmittee.                    |
| ,   |                                 |  |                                   |                            |                 |   |                                 |                             |
| This Application for Registration   | of School B                     |  |                                   |                            |                 |   |                                 |                             |
| area assigned to it by the Count<br>Signature - Chair, County Transport   |                                 |  |                                   |                            |                 |   | Date                            | -                           |
| Signature ontain, country frameport   | adon Oommille                   |  |                                   |                            |                 |   | Date                            |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |   |  |  |   |  |   | ne form for ea                      | ach bus route that                  |
|--|---|--|--|---|--|---|-------------------------------------|-------------------------------------|
|  |   | igii transpo   | · ·  | , ,   |  |   |                                     | Rate Per Mile                       |
| <b>Due Dates</b><br>All Routes   |   |  |  | ounty Supt<br>ber 1   |  | To OPI<br>October 15                                    |                                     | \$1.57                              |
| County Name  |   |  | County Number  | District  | Name   |   |                                     | Legal Entity Number                 |
| Missoula   |   |  | 32   | Misso   | ula Co Pub   | lic Schls   |                                     | 0583 0584                           |
| Route #  | Length  | of Route (   | (miles per day)  |   | Service  | Bus Route Mile  |                                     | Rated Capacity                      |
| 2SP  | 45  |  |  | Rus R   | oute Milea   | Non Bus Milea   | ge                                  | 71                                  |
| Vehicle I.D. #   | <u> </u>  | icense #   |  | □ District  |  |   | ontractor C                         |                                     |
| 0573   | 1   | 853  |  |   | ct - If so, Nam  | ne of Owner B   | each Trans                          | sportation                          |
| Reimbursement Distribution- Er   | nter the le   | egal entity  |  |   |  | ement to be pa  | id to each dis                      | trict. Note: Percentages            |
| Legal Entity   | L   | egal Entity  |  | atch budget<br>Legal E  |  |   | Legal Entit                         | у                                   |
| 0584   |   |  |  |   |  |   |                                     |                                     |
| % 100.00   |   | %  |  | %   |  |   | %                                   |                                     |
| PASSENGER INFORMATION  |   |  |  |   |  |   |                                     |                                     |
| Number of Preschool/Kindergar  | ten pupil   | ls   | ELEMENTARY RIDE<br>(Grades PK-8)   | RS  | HIGI   | H SCHOOL RID<br>(Grades 9-12)                           |                                     | TOTAL<br>ELIGIBLE RIDERS            |
| riding this route  |   | .0   | (3.4433.113)   |   |  | (0.0000 0 .2)   |                                     |                                     |
|  |   |  | a  |   |  | b   |                                     | C .                                 |
| Regular (include eligible Preschool/k  | Kindergart  | ten  | NUMBER   |   |  | NUMBER  |                                     | a + b                               |
| riders) 1st Wheelchair (WC)  |   |  |  |   |  |   |                                     |                                     |
| 2nd Wheelchair (WC)  |   |  |  |   |  |   |                                     |                                     |
| Additional Wheelchairs (WC)  |   |  |  |   |  |   |                                     |                                     |
| Non-WC IEP Lists Trans as Related  | Service   |  |  |   |  |   |                                     |                                     |
| TOTAL ELIGIBLE RIDERS  |   |  |  |   |  |   |                                     |                                     |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |   |  |  |   |  |   |                                     |                                     |
| agreement) (Include ineligible Preschool/Kinderc   |   | ers)   |  |   |  |   |                                     |                                     |
| Nonpublic School Riders (ineligible)   |   | ,,,,   |  |   |  |   |                                     |                                     |
| TOTAL RIDERS   |   |  |  |   |  |   |                                     |                                     |
| We hereby certify that this bus wi   | ill operate   | entirely on t  | the route established by the   | Board of Tru  | stees and withi  | n the transportation                                    | on area assigne                     | ed and approved by the              |
| County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of | ous and bu<br>meets the<br>ensed, qua<br>iciting or c | us route by the minimum sealified and a causing othe | ne State Superintendent, to<br>tandards as established by<br>pproved driver to operate s<br>ers to solicit students from o | make such re<br>the Board of<br>uch vehicle a<br>ther transport | eports to the Sta<br>Public Education<br>of required by 20<br>station areas. | ate Superintender<br>n, the Montana H<br>)-10-103, MCA. | nt and County S<br>lighway Patrol a | Superintendent as are and the State |
| this bus route.  |   |  |  | •   |  |   | _                                   | •                                   |
| We agree that if this route crosse the school boards of both districts sh We understand route changes or accordance with 20-10-132, MCA.   | hall be atta  | ached to the   | county superintendent's co   | py of this doo  | cument.  | _   |                                     |                                     |
| I certify that this application for rous operates on the route as ap   |   |  |  |   |  |   |                                     |                                     |
| Signature - Chair, Board of Trustees   |   | -,   |  | 4104 4  |  | 2 224, 114110   | Date                                |                                     |
|  | <b>-</b>  | -4-41 -  |  |   |  | -141- C - 41 - 21                                       | 0.40.400 = = =                      | •                                   |
| This Application for Registration area assigned to it by the Count   | of Scho   | ool Bus and  |  |   |  |   |                                     |                                     |
| Signature - Chair, County Transport  |   |  |  |   |  |   | Date                                |                                     |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordareceives state reimbursement e   |  |   |   |   |  |  | one form for e   | ach bus route that   |
|--|--|---|---|---|--|--|--|--|
| Due Date   | s:   |   | To Co   | unty Supt   |  | То ОРІ   |  | Rate Per Mile  |
| All Routes   | <b>;</b>   |   | Octobe  | er 1  |  | October 15   |  | \$1.57   |
| County Name  |  | County N  | lumber  | District  | Name   |  |  | Legal Entity Number  |
| Missoula   |  | 32  |   |   | ula Co Pul   | blic Schls   |  | 0583 0584  |
| Route #  | Length of F  | Route (miles per  | day)  | Type of   |  | Bus Route Mil Non Bus Milea  | -  | Rated Capacity   |
| 4BA  | 44   |   |   | Bus R   | oute Milea   | age  | <u> </u>   | 71   |
| Vehicle I.D. #   | Licen  |   |   |   | Owned  | C<br>ne of Owner E   | Contractor (<br>Reach Tran   |  |
| 8849   | 1830   |   | [   | □ Contra  | cted rate per  | mile   |  |  |
| Reimbursement Distribution- Er   | nter the legal   | entity number ar  | nd percentage of<br>must mate   |   |  | sement to be pa  | aid to each dis  | strict. Note: Percentages  |
| Legal Entity<br>0584   | Lega   | I Entity  |   | Legal E   | ntity  |  | Legal Enti   | ry .   |
|  |  |   |   |   |  |  |  |  |
| % 100.00   | %  |   |   | %   |  |  | %  |  |
| PASSENGER INFORMATION  |  | T ELEME   | NTARY RIDER   | S   | HIG  | H SCHOOL RI  | DERS   | TOTAL  |
| Number of Preschool/Kindergal riding this route  | ten pupils   |   | rades PK-8)   |   |  | (Grades 9-12   |  | ELIGIBLE RIDERS  |
|  |  |   | a<br>NUMBER   |   |  | b<br>NUMBER  |  | c<br>a+b   |
| Regular (include eligible Preschool/l riders)  | Kindergarten   |   |   |   |  |  |  |  |
| 1st Wheelchair (WC)  |  |   |   |   |  |  |  |  |
| 2nd Wheelchair (WC)  |  |   |   |   |  |  |  |  |
| Additional Wheelchairs (WC)  |  |   |   |   |  |  |  |  |
| Non-WC IEP Lists Trans as Related  | Service  |   |   |   |  |  |  |  |
| TOTAL ELIGIBLE RIDERS  |  |   |   |   |  |  |  |  |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)   |  |   |   |   |  |  |  |  |
| (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   |  |   |   |   |  |  |  |  |
| TOTAL RIDERS   |  |   |   |   |  |  |  |  |
|  |  |   |   |   |  |  |  |  |
| We hereby certify that this bus w County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts slave understand route changes of accordance with 20-10-132, MCA. | We further cer-<br>bus and bus roo<br>meets the min<br>ensed, qualifie<br>iciting or causi<br>the laws, rules<br>as district lines<br>hall be attache<br>ccurring during | tify that this bus trail te by the State Suj imum standards as d and approved driving others to solicit or regulations gove and transports stud d to the county sup the school year red | nsports pupils elicoerintendent; to mestablished by the ver to operate sucstudents from otherning school translents from outside erintendent's copquire the filing of a | gible for sch<br>nake such rate Board of<br>the vehicle a<br>er transport<br>asportation we<br>the district<br>y of this door<br>an amended | cool transportal eports to the S Public Educati s required by 2 lation areas. will be sufficier t, a copy of the cument. | tion as defined by tate Superintende on, the Montana I 20-10-103, MCA. It cause for withhe agreement between a approval of the | 20-10-101, MC<br>ent and County<br>Highway Patrol<br>olding of state a<br>een Boards, 20-<br>County Transp | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| I certify that this application for bus operates on the route as ap  |  |   |   |   |  |  |  |  |
| Signature - Chair, Board of Trustees   |  |   | •   |   | <u> </u>   | •  | Date   |  |
| This Application for Registration  | of School B  |   |   |   |  |  |  |  |
| area assigned to it by the Coun<br>Signature - Chair, County Transport   |  |   |   |   |  |  | Date   |  |
| - '  |  |   |   |   |  |  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |  |   |   |  | olete one form for e   | each bus route that          |  |  |  |
|---|--|---|---|--|--|------------------------------|--|--|--|
|   | •  |   |   |  |  | Rate Per Mile                |  |  |  |
| <b>Due Date</b><br>All Routes   |  | To Co<br>Octob  | ounty Supt<br>per 1                           | t To OPI<br>October  | 15   | \$1.15                       |  |  |  |
| County Name   |  | County Number   | District                                      | Name   |  | Legal Entity Number          |  |  |  |
| Missoula  |  | 32  | Misso   | ula Co Public Sch  | ls   | 0583 0584                    |  |  |  |
| Route #   | Length of Rou  | te (miles per day)  |   | f Service   Bus Rou  | te Mileage   | Rated Capacity               |  |  |  |
| 4SP   | 45   |   | Bus R   | □ Non Bus<br>Route Mileage   | Mileage  | 53                           |  |  |  |
| Vehicle I.D. #  | License #  | ŧ   | □ District                                    | Owned  | Contractor   |                              |  |  |  |
| 7319  | 1841   |   | <ul><li>□ Contra</li><li>□ Contra</li></ul>   | ner Beach Trar   | nsportation  |                              |  |  |  |
| Reimbursement Distribution- Er  | nter the legal ent   |   | of state/co                                   |  | be paid to each di   | strict. Note: Percentages    |  |  |  |
| Legal Entity  | Legal En   |   | Legal E                                       |  | Legal Ent  | ity                          |  |  |  |
| 0584  |  |   |   |  |  |                              |  |  |  |
| % 100.00  | %  |   | %   |  | %  |                              |  |  |  |
| PASSENGER INFORMATION   |  |   |   |  |  |                              |  |  |  |
| Number of Preschool/Kindergar   | ten pupils   | ELEMENTARY RIDE<br>(Grades PK-8)  | RS  | HIGH SCHOO<br>(Grades  |  | TOTAL<br>ELIGIBLE RIDERS     |  |  |  |
| riding this route   |  | , ,   |   | ,  | ,  |                              |  |  |  |
|   |  | a   |   | b  |  | c .                          |  |  |  |
| Regular (include eligible Preschool/h   | Kindergarten   | NUMBER  |   | NUME   | 3EK  | a + b                        |  |  |  |
| riders) 1st Wheelchair (WC)   |  |   |   |  |  |                              |  |  |  |
| 2nd Wheelchair (WC)   |  |   |   |  |  |                              |  |  |  |
| Additional Wheelchairs (WC)   |  |   |   |  |  |                              |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service  |   |   |  |  |                              |  |  |  |
| TOTAL ELIGIBLE RIDERS   |  |   |   |  |  |                              |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |  |   |   |  |  |                              |  |  |  |
| agreement) (Include ineligible Preschool/Kinderg  |  |   |   |  |  |                              |  |  |  |
| Nonpublic School Riders (ineligible)  | garteri riders)  |   |   |  |  |                              |  |  |  |
| TOTAL RIDERS  |  |   |   |  |  |                              |  |  |  |
| We hereby certify that this bus w   | ill operate entirely   | on the route established by the   | Poard of Tru                                  | stops and within the trans   | enortation area assign   | and and approved by the      |  |  |  |
| We nereby ceruly that this bus will County Transportation Committee. We agree to supervision of this big required; to provide a vehicle which Superintendent; and to provide a lice | We further certify t<br>us and bus route b<br>meets the minimur  | hat this bus transports pupils el<br>by the State Superintendent; to<br>m standards as established by | igible for sch<br>make such r<br>the Board of | nool transportation as defir<br>reports to the State Superi<br>Public Education, the Mor | ned by 20-10-101, Montendent and County<br>ntendent and County<br>ntana Highway Patrol | CA.<br>Superintendent as are |  |  |  |
| We also agree to refrain from sol<br>We understand that violations of<br>this bus route.  |  |   |   |  | withholding of state a   | and county reimbursement for |  |  |  |
| We agree that if this route crosse<br>the school boards of both districts sl<br>We understand route changes or  | nall be attached to  | the county superintendent's co  | py of this do                                 | cument.  |  |                              |  |  |  |
| I certify that this application for   | accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |   |   |  |  |                              |  |  |  |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees   |  | vitnin the transportation ser   | vice area a                                   | issigned by the County   | Transportation Co  | ommittee.                    |  |  |  |
|   |  |   |   |  |  |                              |  |  |  |
| County This Application for Registration area assigned to it by the County  | of School Bus a  |   |   |  |  |                              |  |  |  |
| Signature - Chair, County Transport   |  |   |   |  | Date   |                              |  |  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 2D, Chapter 10, Part 1, NCA. School district difficial must complete one form for each bus route that receives state enhancement on the part of the provinces.  Pose Part Net Per Mile Per Mile Part Net Per Net  | This form is required in accordan       | nce with Title                | 20 Chapter 10 Part 1 M      | MCA S       | chool dis   | strict official must complete   | one form for ea    | ach bus route that          |
|--|---|-------------------------------|-----------------------------|-------------|-------------|---------------------------------|--------------------|-----------------------------|
| Due bates: All Routes    County Number   |   |                               |                             |             |             |                                 |                    |                             |
| All Routes  County Name  County Number  Missoula  S2  Missoula Co Public Schis  District Name  Missoula  S32  Missoula Co Public Schis  District Name  Legal Entity Number  Missoula  S3A  24  Survey From Rus Mileage From Rus Mil | Due Dates                               | :                             | Т                           | Γο Cour     | ntv Supt    | To OPI                          |                    | Rate Per Mile               |
| Missoula 32 Missoula Co Public Schls 0583 0584 Route # Length of Route (miles per day) Type of Service   Bus Route Mileage   Rated Capacity   Type of Service   Bus Route Mileage   Rated Capacity   Type of Service   Route Mileage   Type of Service   Route Mileage   Type of Service   Type of Service   Route Mileage   Type of Service   T | All Routes                              |                               |                             |             |             |                                 |                    | \$1.57                      |
| Route # Length of Route (miles per day) 3SA 24 Bus Route Mileage Bus Route Mileage Contractor Owned Boach Transportation Contractor and per mile Contr | County Name                             |                               | County Number               |             | District    | Name                            |                    | Legal Entity Number         |
| Route # Length of Route (miles per day) 3SA 24 Bus Route Mileage Bus Route Mileage Contractor Owned Boach Transportation Contractor and per mile Contr | Missoula                                |                               | 32                          |             | Misso       | ula Co Public Schls             |                    | 0583 0584                   |
| SAA   24   Bus Route Mileage   71  |   | Length of Ro                  | oute (miles per day)        |             |             | Service   Bus Route N           | 0                  | Rated Capacity              |
| Vehicle I.D. #   License #   District Owned   Contract - If so, Name of Owner   Beach Transportation   | 3SA                                     | 24                            |                             |             | Bus R       |                                 | eage               | 71                          |
| Reimbursement Distribution-Einter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Separation of the process of the |   |                               | e #                         |             |             |                                 | Contractor C       | Owned                       |
| Legal Entity 0584  Legal Entity 0584  Legal Entity Under of Preschool/Kindergarten pupils (Grades PK-8)  ELEMENTARY RIDERS (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten Interview  | 0571                                    | 1851                          |                             |             |             |                                 | Beach Trans        | sportation<br>—             |
| Legal Entity  My 100.00  My 5% 100.00  My 6% | Reimbursement Distribution- Ent         | ter the legal e               |                             |             |             |                                 | paid to each dis   | trict. Note: Percentages    |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades Pk-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGI | Legal Entity                            | Legal E                       |                             | st match    |             |                                 | Legal Entit        | v                           |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils  (Grades PK-8)  (Grades PK-8)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS  Regular (include eligible Preschool/Kindergarten pupils  (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils  Regular (include eligible Pup |   |                               | ,                           |             | J           | ,                               |                    |                             |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils  (Grades PK-8)  (Grades PK-8)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS  Regular (include eligible Preschool/Kindergarten pupils  (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils  Regular (include eligible Pup |   |                               |                             |             |             |                                 |                    |                             |
| Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Indig this route  a   |   | %                             |                             |             | %           |                                 | %                  |                             |
| Regular include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelc | PASSENGER INFORMATION                   | T                             | ELEMENTARY F                | RIDERS      |             | HIGH SCHOOL F                   | RIDERS             | TOTAL                       |
| Regular (notude eligible Preschool/Kindergarten inders)  1st Whelchair (WC)  2nd Whelchair (WC)  2nd Whelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Proschool/Kindergarten inders)  Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Proschool/Kindergarten inders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Prustees and within the Work of the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from Societing or causing others to solicit sudents from other transportation area.  We also agree to refrain from Societing or causing others to solicit sudents from other transportation area.  We also agree to refrain from Societing or causing others to solicit sudents from other transportation area.  We agree to supervision of the laws, rules or regulations governing school transportation area assigned by Earth of the Vision of the laws, rules or regulations solicit sudents from other transportation area.  We agree that if his route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the cou |   | en pupils                     | (Grades PK                  | (8-         |             | (Grades 9-1                     | 2)                 | ELIGIBLE RIDERS             |
| NUMBER NUMBER NUMBER a + b  Regular (include eligible PreschoolKindergarten inders)  1st Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten inders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent and County Superintendent, and to provide a herical within the tertain minimum standards as established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of the instrument of the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit sidents from other transportation area.  We agree to supervision of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reinbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance wi | naing this route                        |                               |                             |             |             |                                 |                    |                             |
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| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent, and to provide a vehicle which meets the minimum standards as established by the Doard of Public Educion, the Montana Highway Patrol and the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Doard of Public Educion, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved drive to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation area.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation Service area assigned b |   | indergarten                   |                             |             |             |                                 |                    |                             |
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|  | This Application for Registration       | of School Bus                 | s and State Reimbursem      |             |             |                                 |                    |                             |
| Signature - Chair, County Transportation Committee Date  |   |                               |                             |             |             |                                 | Date               |                             |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement events.  |               |             |                                  |   |  | one form for e   | ach bus route that        |  |  |
|---|---------------|-------------|----------------------------------|---|--|------------------|---------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |               |             |                                  | County Sup  | t To OPI<br>October 15                                 |                  | Rate Per Mile<br>\$1.57   |  |  |
| County Name   |               |             | County Number                    | District  | Name   |                  | Legal Entity Number       |  |  |
| Missoula  |               |             | 32                               |   | oula Co Public Schls                                   |                  | 0583 0584                 |  |  |
| Route #   | Length of     | Route       | (miles per day)                  | Type o  | f Service □ Bus Route M<br>□ Non Bus Mil               | U                | Rated Capacity            |  |  |
| 10BA  | 24            | .,          |                                  | 1 .   | Route Mileage  | Ü                | 71                        |  |  |
| Vehicle I.D. # 5117   | C90           | nse #<br>10 |                                  | <ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li> </ul> Contractor Owned Beach Transportation |  |                  |                           |  |  |
| Reimbursement Distribution- En  | iter the lega | l entity    |                                  | e of state/co   | ounty reimbursement to be                              | paid to each dis | strict. Note: Percentages |  |  |
| Legal Entity  | Lega          | al Entity   |                                  | natch budge<br>Legal E  |  | Legal Entit      | у                         |  |  |
| 0584  |               |             |                                  |   |  |                  |                           |  |  |
| % 100.00  | %             | ,<br>D      |                                  | %   |  | %                |                           |  |  |
| PASSENGER INFORMATION   |               |             |                                  |   |  |                  |                           |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupils    |             | ELEMENTARY RIDE<br>(Grades PK-8) | ERS   | HIGH SCHOOL F<br>(Grades 9-1                           |                  | TOTAL<br>ELIGIBLE RIDERS  |  |  |
|   |               |             | а                                |   | b  |                  | C                         |  |  |
| Regular (include eligible Preschool/k   | Kindergarten  |             | NUMBER                           |   | NUMBER   |                  | a + b                     |  |  |
| riders) 1st Wheelchair (WC)   |               |             |                                  |   |  |                  |                           |  |  |
| 2nd Wheelchair (WC)   |               |             |                                  |   |  |                  |                           |  |  |
| Additional Wheelchairs (WC)   |               |             |                                  |   |  |                  |                           |  |  |
| Non-WC IEP Lists Trans as Related   | Service       |             |                                  |   |  |                  |                           |  |  |
| TOTAL ELIGIBLE RIDERS   |               |             |                                  |   |  |                  |                           |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | ance          |             |                                  |   |  |                  |                           |  |  |
| TOTAL RIDERS  |               |             |                                  |   |  |                  |                           |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |               |             |                                  |   |  |                  |                           |  |  |
| Signature - Chair, Board of Trustees  |               |             |                                  |   |  | Date             |                           |  |  |
| County T This Application for Registration area assigned to it by the Count   | of School E   | Bus and     | d State Reimbursement            |   | accordance with Section eviewed and I certify that the |                  |                           |  |  |
| Signature - Chair, County Transporta  |               |             |                                  |   |  | Date             |                           |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance w receives state reimbursement even the  |   |   |  |   | one form for e  | ach bus route that  |
|--|---|---|--|---|---|---|
| Due Dates:   |   | To Co   | unty Supt  | То ОРІ  |   | Rate Per Mile   |
| All Routes   |   | Octob   | er i   | October 15  |   | \$1.57  |
| County Name  |   | County Number   | District I   | Name  |   | Legal Entity Number   |
| Missoula   |   | 32  | Missou   | ula Co Public Schls   |   | 0583 0584   |
| Route # Leng   | gth of Route  | (miles per day)   | Type of  | Service   Bus Route Mi  Non Bus Mile  | -   | Rated Capacity  |
| 11hcd 25   |   |   | Bus Ro   | oute Mileage  | aye   | 71  |
| Vehicle I.D. #   | License #   |   | □ District   |   | Contractor (  |   |
| 0798   | C892  |   |  | ct - If so, Name of Owner I<br>cted rate per mile   | Beach Tran  | sportation<br>  |
| Reimbursement Distribution- Enter the  | e legal entity  |   | of state/coutch budget!  |   | aid to each dis   | strict. Note: Percentages   |
| Legal Entity   | Legal Entity  |   | Legal Er   |   | Legal Entit   | ty  |
| 0583   |   |   |  |   |   |   |
| % 100.00   | %   |   | %  |   | %   |   |
| PASSENGER INFORMATION  |   | ELEMENTARY RIDER  | 29   | HIGH SCHOOL RI  | DEDS  | TOTAL   |
| Number of Preschool/Kindergarten puriding this route   | pils  | (Grades PK-8)   | λο   | (Grades 9-12  |   | ELIGIBLE RIDERS   |
|  |   | а   |  | р   |   | C   |
| Regular (include eligible Preschool/Kinderg  | garten  | NUMBER  |  | NUMBER  |   | a + b   |
| 1st Wheelchair (WC)  |   |   |  |   |   |   |
| 2nd Wheelchair (WC)  |   |   |  |   |   |   |
| Additional Wheelchairs (WC)  |   |   |  |   |   |   |
| Non-WC IEP Lists Trans as Related Service  | ce  |   |  |   |   |   |
| TOTAL ELIGIBLE RIDERS  |   |   |  |   |   |   |
| Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement)   |   |   |  |   |   |   |
| (Include ineligible Preschool/Kindergarten i<br>Nonpublic School Riders (ineligible)   | riders)   |   |  |   |   |   |
| TOTAL RIDERS   |   |   |  |   |   |   |
| M/a handha antif shaddhia han aill aga   |   | the courte established by the f   | Deard of True  |   |   |   |
| We hereby certify that this bus will opera County Transportation Committee. We furt We agree to supervision of this bus and required; to provide a vehicle which meets Superintendent; and to provide a licensed, We also agree to refrain from soliciting we understand that violations of the law this bus route.  We agree that if this route crosses district the school boards of both districts shall be we understand route changes occurring accordance with 20-10-132, MCA. | ther certify that I bus route by the minimum a qualified and a or causing others, rules or regulate times and tracettached to the goduring the sc | t this bus transports pupils eligithe State Superintendent; to ristandards as established by the approved driver to operate supers to solicit students from other ulations governing school transports students from outside county superintendent's cophool year require the filing of | gible for scho<br>make such re<br>he Board of I<br>ch vehicle as<br>her transporta<br>nsportation v<br>e the district,<br>by of this doc<br>an amended | ool transportation as defined by sports to the State Superintend Public Education, the Montana s required by 20-10-103, MCA. ation areas. will be sufficient cause for withh , a copy of the agreement betwoment. | v 20-10-101, MC<br>ent and County thighway Patrol<br>olding of state a<br>een Boards, 20- | A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| I certify that this application for registr bus operates on the route as approve   |   |   |  |   |   |   |
| Signature - Chair, Board of Trustees   |   |   |  |   | Date  |   |
| County Trans This Application for Registration of Sc area assigned to it by the County Tran  |   |   |  | accordance with Section 2   |   |   |
| a. ca doorgined to it by the county ITal   | nsportation C   | Committee   |  | ,   |   |   |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| To County Supt All Routes    To County Supt   To OPI October 1   To OPI October 1   To OPI   | This form is required in accordar receives state reimbursement ev  |             |            |                     |           |                     | one form for e   | ach bus route that        |  |
|--|--|-------------|------------|---------------------|-----------|---------------------|------------------|---------------------------|--|
| Missoula Co Public Schis   Route # Length of Route (miles per day)   Type of Service   Bus Route Mileage   No Mass Mileage   Son Bus Mileage   The Service   No Mass Mileage   Son Bus Mileage   Son Bus Mileage   The Service   No Mass Mileage   No Mileage   No Mass Mileage   No Mileage   N | Due Dates  | •           | ·          | То С                | ounty Sup | t To OPI            |                  |                           |  |
| Route # Length of Route (miles per day)  11BA  44  Bus Route Mileage   Non Bus Mileage   State County   Non Bus Mileage   State County   Non Bus Mileage   State County   Non-West Mileage   State County   Non-West Mileage   State County   State Co | County Name  |             |            | County Number       | District  | Name                |                  | Legal Entity Number       |  |
| Special Contract of Special Contractor Owned   Co   | Missoula   |             |            | 32                  | Misso     | ula Co Public Schls |                  | 0583 0584                 |  |
| ### Page   Proceedings   Process   P | Route #  | Length o    | of Route ( | miles per day)      | Type o    |                     | U                | Rated Capacity            |  |
| 2956 1846 Contract- If so, Name of Owner Beach Transportation  Contracted rate per mile  Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Seal Entity  Seal Entity  Legal Entity | 11BA   | 44          |            |                     | Bus F     |                     | eage             | 71                        |  |
| Reimbursement Distribution: Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity   | Vehicle I.D. #   | Lice        | ense #     |                     |           |                     |                  |                           |  |
| Legal Entity 0584  Legal Entity Use and Entity Use Entity Use and Entity Use and Entity Use Entity Use and Entity Use E | 2956   | 18          | 46         |                     |           |                     |                  |                           |  |
| Legal Entity 0584  % 100.00  % 5%  Mumber of Preschool/Kindergarten pupils (Grades Pk-8)  (Grades Pk-8)  (Grades 9-12)  ELEMENTARY RIDERS (Grades 9-12)  ELIGIBLE RIDERS  INUMBER  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  7TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Non-WC [EP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible rubils School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-10/1, MCA.  We understand that violations of the laws, rules or regulations governing school transportation as the required; to provide a whiche with meets the minimum standards as eastablished by the Board of Public Education, the Montania as are required; to provide a whiche with meets the minimum standards as established by the Board of Public Education, the Montania as are required; to provide a whiche with meets the minimum standards as established by the Board of Public Education, the Montania as are required; to provide a whiche with meets the minimum standards as established by the Board of Public Education, the Montania as are required to provide a whiche with meets the minimum standards as established by the Board of Public Education, the Montania as are required to provide a whiche with meets the minimum standards as established by the Board of Public Education, the Montania as are required to the order of the public Education and the State Superintendent, and to provide a increased, qualified and approved by the C | Reimbursement Distribution- Ent  | ter the leg | al entity  |                     |           |                     | paid to each dis | strict. Note: Percentages |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-9) (Grades 9-12) ELIGIBLE RIDERS riding this route   | ,  | Leç         | gal Entity |                     |           |                     | Legal Entit      | y                         |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-9) (Grades 9-12) ELIGIBLE RIDERS riding this route   | 0/ 100.00  |             | 0/         |                     | 0/        |                     | 0/               |                           |  |
| Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELEMENTARY RIDERS (Grades 9-12) ELGIBLE RIDERS riding this route  a  |  |             | %          |                     | %         |                     | %                |                           |  |
| Regular (include eligible Preschool/Kindergarten (iders)  1st Whelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (iie., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (iie., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation or this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum sstandards as established by the Board of Public Education. He Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrait from soliciting or causing others to solicit students from other transportation area.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the count's superintendent's copy of this document.  We understand route changes occurring during the school obus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the tr | Number of Preschool/Kindergart   | en pupils   |            |                     | RS        |                     |                  |                           |  |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education. He Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from on their transportation area.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school bus and state reimbursement is true and complete to the beween Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's capy of this document.  We understand route changes occurring |  |             |            |                     |           | -                   |                  | -                         |  |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Edunion, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school board as approved by and within the transportation service area assigned by the County Transportation Committee in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation           |  |             |            | NOMBER              |           | NOWBER              |                  | a+b                       |  |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent; to make such report to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approvad of the County Transportation Committee in accordance with 20-10-126, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation   |  |             |            |                     |           |                     |                  |                           |  |
| Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as a setablished by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a lecinosed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the Cou | 2nd Wheelchair (WC)  |             |            |                     |           |                     |                  |                           |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Diblic Education, he Montana Highway Patrol and the State Superintendent and to provide a leiched which meets the minimum standards as established by the Board of Diblic Education, he Montana Highway Patrol and the State Superintendent, and to provide a vehicle which meets the minimum standards as established by the Board of Diblic Education, he Montana Highway Patrol and the State Superintendent, and to provide a vehicle which meets the minimum standards as established by the Board of Diblic Education, he Montana Highway Patrol and the State Superintendent, and to provide a vehicle which meets the minimum standards as established by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes  | Additional Wheelchairs (WC)  |             |            |                     |           |                     |                  |                           |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within  | Non-WC IEP Lists Trans as Related  | Service     |            |                     |           |                     |                  |                           |  |
| miles OR norresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  County Transportation Committee Approval as required in accordance wi | TOTAL ELIGIBLE RIDERS  |             |            |                     |           |                     |                  |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operate | miles OR nonresident and no attenda<br>agreement)<br>(Include ineligible Preschool/Kinderga  | ance        | 3)         |                     |           |                     |                  |                           |  |
| County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation   | TOTAL RIDERS   |             |            |                     |           |                     |                  |                           |  |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation   | We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |             |            |                     |           |                     |                  |                           |  |
| area assigned to it by the County Transportation Committee.  | This Application for Registration  | of School   | Bus and    | State Reimbursement |           |                     |                  |                           |  |
| Signature - Chair, County Transportation Committee Date  |  |             |            | ommittee.           |           |                     | Date             |                           |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordareceives state reimbursement e   |  |   |  |  |  |   | one form for e  | ach bus route that   |
|--|--|---|--|--|--|---|---|--|
| Due Date   |  | ·   |  | ounty Sup  | t  | То ОРІ  |   | Rate Per Mile  |
| All Routes   | ;  |   | Octol  | per 1  |  | October 15  |   | \$0.95   |
| County Name  |  |   | County Number  | District   | Name   |   |   | Legal Entity Number  |
| Missoula   |  |   | 32   |  |  | ıblic Schls   |   | 0583 0584  |
| Route #  | Length of  | Route (ı  | miles per day)   | Type of  |  | <ul><li>☐ Bus Route Mil</li><li>☐ Non Bus Milea</li></ul>   | -   | Rated Capacity   |
| 5sp  | 45   |   |  | Bus R  | oute Mile  | age   | •   | 13   |
| Vehicle I.D. #   | Licen  |   |  |  | : Owned  | me of Owner E   | Contractor (<br>Seach Tran  |  |
| 2057   | 192  |   |  | □ Contra   | cted rate pe   | r mile  |   | <u> </u>   |
| Reimbursement Distribution- Er   | nter the legal   | entity r  |  | of state/co  |  | rsement to be pa  | aid to each dis   | strict. Note: Percentages  |
| Legal Entity<br>0583   | Lega   | I Entity  |  | Legal E  |  |   | Legal Enti  | ty   |
|  |  |   |  |  |  |   |   |  |
| % 100.00   | %  | )   |  | %  |  |   | %   |  |
| PASSENGER INFORMATION  |  | T   | ELEMENTARY RIDE  | RS   | l HIC  | SH SCHOOL RI  | DERS  | TOTAL  |
| Number of Preschool/Kindergar riding this route  | ten pupils   |   | (Grades PK-8)  |  |  | (Grades 9-12  |   | ELIGIBLE RIDERS  |
|  |  |   | a<br>NUMBER  |  |  | b<br>NUMBER   |   | c<br>a+b   |
| Regular (include eligible Preschool/l riders)  | Kindergarten   |   |  |  |  |   |   |  |
| 1st Wheelchair (WC)  |  |   |  |  |  |   |   |  |
| 2nd Wheelchair (WC)  |  |   |  |  |  |   |   |  |
| Additional Wheelchairs (WC)  |  |   |  |  |  |   |   |  |
| Non-WC IEP Lists Trans as Related  | Service  |   |  |  |  |   |   |  |
| TOTAL ELIGIBLE RIDERS  |  |   |  |  |  |   |   |  |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)   | lance  |   |  |  |  |   |   |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)  |  |   |  |  |  |   |   |  |
| TOTAL RIDERS   |  |   |  |  |  |   |   |  |
| We hereby certify that this bus w  | ill operate enti   | roly on t   | ha rauta astablished by the  | Poard of Tru   | etoes and wit  | hin the transportat   | ion aroa accign   | ed and approved by the   |
| We hereby certify that this bus w County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts slave understand route changes of accordance with 20-10-132, MCA. | We further cerbus and bus roomeets the mirensed, qualifie iciting or caus the laws, rules as district lines hall be attached courring during | tify that to the by the simum stood and applications or regulated to the soch | this bus transports pupils e<br>ne State Superintendent; to<br>candards as established by<br>proved driver to operate so<br>rs to solicit students from of<br>lations governing school transports students from outsic<br>county superintendent's co<br>ool year require the filing of | igible for sch<br>make such r<br>the Board of<br>uch vehicle a<br>her transpor<br>ansportation<br>de the distric<br>py of this dor<br>an amender | nool transporta<br>eports to the S<br>Public Educati<br>is required by<br>tation areas.<br>will be sufficie<br>t, a copy of the<br>cument.<br>d TR-1 form an | ation as defined by State Superintende tion, the Montana I 20-10-103, MCA. Int cause for withhouse agreement between dapproval of the | 20-10-101, MC ent and County Highway Patrol  olding of state a een Boards, 20-  County Transp | CA. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.   |  |   |  |  |  |   |   |  |
| Signature - Chair, Board of Trustees   |  |   |  |  | •  |   | Date  |  |
| This Application for Registration  | of School E  | sus and   |  |  |  |   |   |  |
| area assigned to it by the Coun<br>Signature - Chair, County Transport   |  |   | ommuee.  |  |  |   | Date  | _  |
|  |  |   |  |  |  |   |   |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda   |                                      |  |   |  |   |                                      | form for each   | ch bus route that          |
|--|--------------------------------------|--|---|--|---|--------------------------------------|-----------------|----------------------------|
| receives state reimbursement e   | ven thou                             | ign transpo                                | ortees of another legal er  | ntity may uti                                    | liize the services  | i.                                   | F               | Rate Per Mile              |
| <b>Due Dates</b><br>All Routes   |                                      |  | To Co<br>Octol  | ounty Supt<br>ber 1                              |   | <b>OPI</b><br>tober 15               | \$              | 0.95                       |
| County Name  |                                      |  | County Number   | District   | Name  |                                      | 1               | Legal Entity Number        |
| Missoula   |                                      |  | 32  | Misso  | ula Co Public   | Schls                                |                 | 0583 0584                  |
| Route #  | Length                               | of Route (                                 | (miles per day)   | Type of  | Service   Bu  | us Route Milea<br>on Bus Mileage     | _               | Rated Capacity             |
| SE52   | 45                                   |  |   | Bus R  | oute Mileage  |                                      | •               | 13                         |
| Vehicle I.D. #   | Li                                   | icense #                                   |   | □ District                                       |   |                                      | ntractor O      |                            |
| 2057   | 1                                    | 928  |   |  | ct - If so, Name of<br>cted rate per mile                         |                                      | ach Trans       | portation<br>—             |
| Reimbursement Distribution- Er   | iter the le                          | egal entity                                |   |  |   | nent to be paid                      | to each dist    | rict. Note: Percentages    |
| Legal Entity   | L                                    | egal Entity                                |   | atch budget!<br>Legal Er                         |   |                                      | Legal Entity    |                            |
| 0583   |                                      |  |   |  |   |                                      |                 |                            |
| % 100.00   |                                      | %  |   | %  |   |                                      | %               |                            |
| PASSENGER INFORMATION  |                                      | 70   |   | 70   |   |                                      | 70              | _                          |
| Number of Preschool/Kindergar  | ten nunil                            | le   | ELEMENTARY RIDE<br>(Grades PK-8)  | RS   |   | SCHOOL RIDE<br>Grades 9-12)          | RS              | TOTAL<br>ELIGIBLE RIDERS   |
| riding this route  |                                      |  | (Grades Fix 6)  |  | (0  | 5144C5 0 12)                         |                 | LEIGIBLE RIBERO            |
|  |                                      |  | a   |  |   | b                                    |                 | C .                        |
| Regular (include eligible Preschool/h  | <br>Kindergart                       | ten  | NUMBER  |  |   | NUMBER                               |                 | a + b                      |
| riders) 1st Wheelchair (WC)  |                                      |  |   |  |   |                                      |                 |                            |
| 2nd Wheelchair (WC)  |                                      |  |   |  |   |                                      |                 |                            |
| Additional Wheelchairs (WC)  |                                      |  |   |  |   |                                      |                 |                            |
| Non-WC IEP Lists Trans as Related  | Service                              |  |   |  |   |                                      |                 |                            |
| TOTAL ELIGIBLE RIDERS  |                                      |  |   |  |   |                                      |                 |                            |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend                                      |                                      |  |   |  |   |                                      |                 |                            |
| agreement) (Include ineligible Preschool/Kinderg   |                                      | are)                                       |   |  |   |                                      |                 |                            |
| Nonpublic School Riders (ineligible)   | janten nue                           | 515)                                       |   |  |   |                                      |                 |                            |
| TOTAL RIDERS   |                                      |  |   |  |   |                                      |                 |                            |
| We hereby certify that this bus will County Transportation Committee.  |                                      |  |   |  |   |                                      |                 |                            |
| We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice   | us and bu<br>meets the<br>ensed, qua | us route by the<br>minimum stalified and a | ne State Superintendent; to<br>tandards as established by<br>pproved driver to operate so | make such re<br>the Board of l<br>uch vehicle as | eports to the State<br>Public Education, t<br>s required by 20-10 | Superintendent a<br>the Montana High | and County Su   | uperintendent as are       |
| We also agree to refrain from sol<br>We understand that violations of<br>this bus route.                       | -                                    | -  |   |  |   | use for withholdi                    | ng of state and | d county reimbursement for |
| We agree that if this route crosse<br>the school boards of both districts st<br>We understand route changes of | nall be atta                         | ached to the                               | county superintendent's co  | py of this doc                                   | cument.   |                                      |                 |                            |
| accordance with 20-10-132, MCA.  I certify that this application for in the contraction on the route on an     |                                      |  |   |  |   |                                      |                 |                            |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees  |                                      | by and with                                | iiii uie transportation ser   | vice area a                                      | ssigned by the C  |                                      | ate             | пицее.                     |
|  |                                      |  |   |  |   |                                      |                 |                            |
| This Application for Registration area assigned to it by the County  | of Scho                              | ool Bus and                                |   |  |   |                                      |                 |                            |
| Signature - Chair, County Transport  |                                      |  |   |  |   | D                                    | ate             |                            |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Rate Per Mile   Suppose    | This form is required in accordance v receives state reimbursement even the   |                 |                       |            |                     | one form for e  | ach bus route that        |  |
|--|---|-----------------|-----------------------|------------|---------------------|-----------------|---------------------------|--|
| Missoula    Sac  | Due Dates:  | Ţ.              | To C                  | ounty Supt | то ОРІ              |                 |                           |  |
| Route # Length of Route (miles per day)  13sp  45  | County Name   |                 | County Number         | District   | Name                |                 | Legal Entity Number       |  |
| 13sp   | Missoula  |                 | 32                    | Misso      | ula Co Public Schls |                 | 0583 0584                 |  |
| 13Sp   45   Bus Route Mileage   14   | Route # Len   | ngth of Route   | (miles per day)       | Type of    |                     | J               | Rated Capacity            |  |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/country reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0583  HIGH SCHOOL RIDERS (Grades PK-8) (Grades 9-12)  ELEMENTARY RIDERS riding this route  Regular (include eligible Preschool/Kindergarten)  Regular (include eligible Preschool/Kindergarten)   | 13sp 45   |                 |                       | Bus R      |                     | age             | 14                        |  |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0583  Legal Entity Legal Entity  Regular (include eligible Preschool/Kindergarten)  Regular (include eligible Preschool/Kindergarten)   | Vehicle I.D. #  | License #       |                       |            |                     |                 |                           |  |
| Legal Entity 0583  Legal Entity User Intervention of Preschool/Kindergarten pupils riding this route Regular (include eligible Preschool/Kindergarten)  Must match budget!  Legal Entity User Intervention Regular (include eligible Preschool/Kindergarten)  Legal Entity User Intervention Regular (include eligible Preschool/Kindergarten)  Must match budget!  Legal Entity User Intervention Regular (include eligible Preschool/Kindergarten)  Must match budget!  Legal Entity User Intervention September 1   | 6548  | 9543            |                       |            |                     |                 |                           |  |
| Legal Entity 0583  W 100.00  W 6 W  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route  A a NUMBER  Regular (include eligible Preschool/Kindergarten)  Legal Entity  Number of Preschool/Kindergarten  Number of Preschool/Kindergarten pupils  A a D D D C D NUMBER  NUMBER  NUMBER  Regular (include eligible Preschool/Kindergarten)  | Reimbursement Distribution- Enter th  | ne legal entity |                       |            |                     | aid to each dis | strict. Note: Percentages |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route    Caracter   Cara | 9   | Legal Entit     |                       |            |                     | Legal Entit     | у                         |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route    Caracter   Cara | % 100.00  | %               |                       | %          |                     | %               |                           |  |
| Number of Preschool/Kindergarten pupils riding this route   a  NUMBER  Regular (include eligible Preschool/Kindergarten)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS  C  NUMBER  a b  NUMBER  NUMBER  a + b   |   | 70              |                       |            |                     |                 |                           |  |
| NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten  |   | oupils          |                       | ERS        |                     |                 | _                         |  |
| Regular (include eligible Preschool/Kindergarten   |   |                 |                       |            | _                   |                 |                           |  |
|  |   | NOWBER          |                       | NOMBER     |                     | a + b           |                           |  |
| 1st Wheelchair (WC)  |   |                 |                       |            |                     |                 |                           |  |
| 2nd Wheelchair (WC)  | 2nd Wheelchair (WC)   |                 |                       |            |                     |                 |                           |  |
| Additional Wheelchairs (WC)  | Additional Wheelchairs (WC)   |                 |                       |            |                     |                 |                           |  |
| Non-WC IEP Lists Trans as Related Service  | Non-WC IEP Lists Trans as Related Servi   | ice             |                       |            |                     |                 |                           |  |
| TOTAL ELIGIBLE RIDERS  | TOTAL ELIGIBLE RIDERS   |                 |                       |            |                     |                 |                           |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)   | miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten  |                 |                       |            |                     |                 |                           |  |
| TOTAL RIDERS   | TOTAL RIDERS  |                 |                       |            |                     |                 |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the |                 |                       |            |                     |                 |                           |  |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  | This Application for Registration of Se   | chool Bus an    | d State Reimbursement |            |                     |                 |                           |  |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |   |                 | Committee.            |            |                     | Date            |                           |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |  |               |                                 |               |  |                               | ne form for ea   | ach bus route that                     |
|---|--|---------------|---------------------------------|---------------|--|-------------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |  | •             |                                 | County Sup    |  | <b>OPI</b><br>tober 15        |  | Rate Per Mile<br>\$0.95                |
| County Name   |  |               | County Number                   | District      | Name                                       |                               |  | Legal Entity Number                    |
| Missoula  |  |               | 32                              | Misso         | ula Co Public                              | Schls                         |  | 0583 0584                              |
| Route #   | Length o   | of Route (    | miles per day)                  | Type o        | f Service ☐ Bu                             | us Route Mile<br>on Bus Milea | U  | Rated Capacity                         |
| 26SP  | 45   |               |                                 | Bus F         | Route Mileage                              |                               | ge   | 15                                     |
| Vehicle I.D. #  | Lic  | ense #        |                                 | □ Distric     |  | _                             | ontractor C  |  |
| 8588  | 13   | 339           |                                 |               | act - If so, Name of<br>acted rate per mil |                               | each fran  | —————————————————————————————————————— |
| Reimbursement Distribution- En  | nter the leg   | gal entity    |                                 | e of state/co |  | nent to be pa                 | id to each dis   | trict. Note: Percentages               |
| Legal Entity<br>0584  | Le   | gal Entity    |                                 | Legal E       |  |                               | Legal Entit  | у                                      |
| % 100.00  |  | %             |                                 | %             |  |                               | %  |  |
| PASSENGER INFORMATION   | _  |               |                                 |               |  |                               |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupils   | <b>;</b>      | ELEMENTARY RID<br>(Grades PK-8) | ERS           |  | SCHOOL RIE<br>Grades 9-12)    | DERS   | TOTAL<br>ELIGIBLE RIDERS               |
|   |  |               | a                               |               | b  |                               | C .  |  |
| Regular (include eligible Preschool/h   | Kindergarte  | n             | NUMBER                          | R NUMBER      |  |                               |  | a + b                                  |
| riders) 1st Wheelchair (WC)   |  |               |                                 |               |  |                               |  |  |
| 2nd Wheelchair (WC)   |  |               |                                 |               |  |                               |  |  |
| Additional Wheelchairs (WC)   |  |               |                                 |               |  |                               |  |  |
| Non-WC IEP Lists Trans as Related   | Service  |               |                                 |               |  |                               |  |  |
| TOTAL ELIGIBLE RIDERS   |  |               |                                 |               |  |                               |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)  |  |               |                                 |               |  |                               |  |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   |  | s)            |                                 |               |  |                               |  |  |
| TOTAL RIDERS  |  |               |                                 |               |  |                               |  |  |
|   | ill operate e  | entirely on t | he route established by th      | e Board of Tr | ustees and within the                      | he transportation             | on area assigne  | ed and approved by the                 |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement f this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |  |               |                                 |               |  |                               | A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by |  |
| I certify that this application for r   | I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |               |                                 |               |  |                               |  |  |
| Signature - Chair, Board of Trustees  |  | ,             | and admoportunion of            | aroa c        | g  |                               | Date   |  |
| This Application for Registration   | of Schoo   | I Bus and     |                                 |               |  |                               |  |  |
| area assigned to it by the Count<br>Signature - Chair, County Transporta  |  |               | OHIHIIILEE.                     |               |  |                               | Date   |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement of  |                     |                           |                     |                            |                                  |                               | ne form for ea    | ach bus route that          |
|--|---------------------|---------------------------|---------------------|----------------------------|----------------------------------|-------------------------------|-------------------|-----------------------------|
|  | -                   | ansportees of anothe      | •                   |                            |                                  |                               |                   | Rate Per Mile               |
| <b>Due Date</b><br>All Routes  |                     |                           | Octobe              | unty Supt<br>er 1          |                                  | <b>To OPI</b><br>October 15   |                   | \$0.95                      |
| County Name  |                     | County Numb               | er                  | District N                 | Name                             |                               |                   | Legal Entity Number         |
| Missoula   |                     | 32                        |                     | Missou                     | ıla Co Pul                       | blic Schls                    |                   | 0583 0584                   |
| Route #  | Length of Ro        | oute (miles per day)      |                     |                            | Service                          | Bus Route Mile                |                   | Rated Capacity              |
| 24SP   | 45                  |                           |                     | Bus Ro                     | □<br>oute Milea                  | ⊢Non Bus Milea<br>aαe         | ige               | 15                          |
| Vehicle I.D. #   | Licens              | e #                       |                     | □ District                 | Owned                            | C                             | ontractor C       |                             |
| 9010   | 1337                |                           |                     |                            | ct - If so, Nar<br>cted rate per | me of Owner B                 | Beach Trans       | sportation<br>—             |
| Reimbursement Distribution- E  | nter the legal e    | ntity number and pe       |                     | of state/cou<br>ch budget! |                                  | sement to be pa               | id to each dis    | trict. Note: Percentages    |
| Legal Entity   | Legal               | Entity                    | must mat            | Legal En                   |                                  |                               | Legal Entit       | у                           |
| 0584   |                     |                           |                     |                            |                                  |                               |                   |                             |
| % 100.00   | %                   |                           |                     | %                          |                                  |                               | %                 |                             |
| PASSENGER INFORMATION  | 70                  |                           |                     | 70                         |                                  |                               | 70                |                             |
| Number of Preschool/Kinderga   | rten nunils         | ELEMENTA<br>(Grade)       | RY RIDER<br>s PK-8) | lS                         | HIG                              | H SCHOOL RIE<br>(Grades 9-12) |                   | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | Tion papilo         | (Clado                    | 011(0)              |                            |                                  | (0.14400 0 12)                |                   | ELIGIBLE KIBLIKO            |
|  | -                   |                           | a                   |                            |                                  | b                             |                   | С                           |
| Regular (include eligible Preschool/   | /Kindergarten       | NUM                       | 1BER                |                            |                                  | NUMBER                        |                   | a + b                       |
| riders)  1st Wheelchair (WC)   | 0                   |                           |                     |                            |                                  |                               |                   |                             |
| 2nd Wheelchair (WC)  |                     |                           |                     |                            |                                  |                               |                   |                             |
| Additional Wheelchairs (WC)  |                     |                           |                     |                            |                                  |                               |                   |                             |
| Non-WC IEP Lists Trans as Related  | d Service           |                           |                     |                            |                                  |                               |                   |                             |
| TOTAL ELIGIBLE RIDERS  |                     |                           |                     |                            |                                  |                               |                   |                             |
| Ineligible Public School Riders (i.e.,   |                     |                           |                     |                            |                                  |                               |                   |                             |
| miles OR nonresident and no attendagreement)   |                     |                           |                     |                            |                                  |                               |                   |                             |
| (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)  |                     |                           |                     |                            |                                  |                               |                   |                             |
| TOTAL RIDERS   |                     |                           |                     |                            |                                  |                               |                   |                             |
|  |                     |                           |                     |                            |                                  |                               |                   |                             |
| We hereby certify that this bus w County Transportation Committee.   | We further certif   | y that this bus transpor  | rts pupils elig     | gible for scho             | ool transportat                  | tion as defined by            | 20-10-101, MC     | Α.                          |
| We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice.                           | meets the minin     | num standards as esta     | blished by th       | ne Board of F              | ublic Educati                    | on, the Montana F             |                   |                             |
| We also agree to refrain from so We understand that violations of  | liciting or causing | g others to solicit stude | ents from other     | er transporta              | ation areas.                     |                               | lding of state or | ad county roimburooment for |
| this bus route.  |                     |                           | _                   | -                          |                                  |                               | _                 | •                           |
| We agree that if this route crossor the school boards of both districts s We understand route changes of accordance with 20-10-132, MCA. | hall be attached    | to the county superinte   | endent's copy       | y of this doc              | ument.                           | · ·                           |                   |                             |
| I certify that this application for bus operates on the route as a   |                     |                           |                     |                            |                                  |                               |                   |                             |
| Signature - Chair, Board of Trustee  |                     | a within the transpor     | tatiOH SCIV         | 100 a10a d8                | ssigned by II                    | ic County Halls               | Date              | mmucc.                      |
|  |                     |                           |                     |                            |                                  |                               |                   |                             |
| County This Application for Registration area assigned to it by the Coun   | n of School Bu      |                           |                     |                            |                                  |                               |                   |                             |
| Signature - Chair, County Transport  |                     |                           |                     |                            |                                  |                               | Date              |                             |
|  |                     |                           |                     |                            |                                  |                               |                   |                             |



County Name

Missoula

Vehicle I.D. #

Legal Entity

riding this route

0584

100.00

PASSENGER INFORMATION

Number of Preschool/Kindergarten pupils

Route #

**25SP** 

9011

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

**Due Dates:** 

45

All Routes

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

County Number

Length of Route (miles per day)

License #

Legal Entity

%

1338

Combined School District Application 1 copy State Supt. for Registration of School Bus & 1 copy County Supt. State Reimbursement 1 copy School District School Year 2003 - 2004 Rate Per Mile **To County Supt** October 1 October 15 \$0.95 Legal Entity Number District Name Missoula Co Public Schls 0583 0584 Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage **Bus Route Mileage** 15 Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity % **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) h С NUMBER a + b

**NUMBER** Regular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the

County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

| area assigned to it by the County Transportation Committee. |      |
|---|------|
| Signature - Chair, County Transportation Committee          | Date |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Due Dates: All Routes    To County Number   Cotober 15   So 995  | This form is required in accordance receives state reimbursement ever  |                |                      |       |           |                 | mplete one form for  | or each bus route that   |
|--|--|----------------|----------------------|-------|-----------|-----------------|----------------------|--|
| Missoula  Route # Length of Route (miles per day)  Type of Service   Bus Route Mileage   Rated Capacity   Type of Service | Due Dates:   | Ü              | •                    | To Co | unty Supt | То ОР           |                      |  |
| Route # Length of Route (miles per day)  Type of Service   | County Name  |                | County Numbe         | r     | District  | Name            |                      | Legal Entity Number  |
| Seption   Sept   | Missoula   |                | 32                   |       | Misso     | ula Co Public S | chls                 | 0583 0584  |
| SP   45   Bus Route Mileage   16   | Route #  | Length of R    | oute (miles per day) |       | Type of   |                 | · ·                  | Rated Capacity   |
| 8712 1843 Contract. If so, Name of Owner Beach Transportation Contract and per mile Cont | 1SP 4  | 45             |                      |       | Bus R     |                 | ous Mileage          | 16   |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity   | Vehicle I.D. #   | Licens         | e #                  |       |           |                 |                      |  |
| Legal Entity Use   Legal Entity   Legal Entity   Legal Entity   Legal Entity   Legal Entity  | 8712   | 1843           |                      |       |           |                 | wner Beach II        | ransportation<br>———   |
| Legal Entity 0884  % 100.00  %  %  %  100.00  %  %  100.00  %  %  100.00  %  100.00  %  100.00  %  100.00  %  100.00  %  100.00  %  100.00  %  100.00  | Reimbursement Distribution- Ente   | er the legal e |                      |       |           |                 | t to be paid to each | n district. Note: Percentages  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12)   Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles Or nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ii.e., under 3 miles OR nonresident and no attendance agreement)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and Superintendent and Experimental County Superintendent and Superinte | 9  | Legal          |                      |       |           |                 | Legal E              | Entity   |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12)   Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles Or nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ii.e., under 3 miles OR nonresident and no attendance agreement)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and Superintendent and Experimental County Superintendent and Superinte | % 100.00   | %              |                      |       | %         |                 | %                    |  |
| Number of Preschool/Kindergarten pupils riding this route  |  | ,,             |                      |       |           |                 |                      |  |
| Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation or finis bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-101, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus noute.  We agree to sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school bus and state reimbursement is true and complete to the best of my knowl |  | n pupils       |                      |       | RS        |                 |                      | _  |
| Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR norresident and no attendance agreement) (include ineligible) TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas.  We understand that violations of the |  | -              |                      | DED   |           | NII             |                      |  |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible) TOTAL ribers  TOTAL RIDERS  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a locensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  |  | ndergarten     | NOWE                 | DLK . |           | NO              | IVIDER               | a+0  |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  |  |                |                      |       |           |                 |                      |  |
| Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.   | 2nd Wheelchair (WC)  |                |                      |       |           |                 |                      |  |
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| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  | This Application for Registration o  | of School Bu   | s and State Reimburs |       |           |                 |                      |  |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |  |                |                      |       |           |                 | Date                 |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is require                           | d in accordanc           | e with Title    | 20, Chapter 10, Part                                | 1 MCA        | School dis                      | strict official           | l must complete c   | ne form for e     | ach hus route that              |
|--|--------------------------|-----------------|---|--------------|---------------------------------|---------------------------|---|-------------------|---------------------------------|
|  |                          |                 | ansportees of another                               |              |                                 |                           |   |                   | Rate Per Mile                   |
|  | Due Dates:<br>All Routes |                 |   | To Co        | ounty Supt                      | •                         | To OPI<br>October 15                                      |                   | \$0.95                          |
|  | 7 11 1 100100            |                 |   |              |                                 |                           | 000000110   |                   |                                 |
| County Name                                    |                          |                 | County Number                                       | er           | District                        | Name                      |   |                   | Legal Entity Number             |
| Missoula                                       |                          |                 | 32  |              |                                 |                           | ublic Schls   |                   | 0583 0584                       |
| Route #  |                          | ength of R      | oute (miles per day)                                |              | Type of                         |                           | <ul><li>□ Bus Route Mile</li><li>□ Non Bus Mile</li></ul> | -                 | Rated Capacity                  |
| 22sp   | 4                        | 45              |   |              | Bus R                           | oute Mile                 | eage  | •                 | 17                              |
| Vehicle I.D. #                                 |                          | Licens          | e #   |              |                                 | Owned                     |   | Contractor (      |                                 |
| 2411   | 2411   1935              |                 |   |              | ct - ii so, ivi<br>cted rate pe | ame of Owner E<br>er mile | each fran   | ——                |                                 |
| Reimbursement Dis                              | stribution- Ente         | r the legal e   |   |              | of state/co                     |                           | ursement to be pa   | id to each di     | strict. Note: Percentages       |
| Legal Entity                                   |                          | Legal           |   | must ma      | Legal E                         |                           |   | Legal Enti        | ty                              |
| 0583   |                          |                 |   |              |                                 |                           |   |                   |                                 |
| % 100.00                                       |                          | %               |   |              | %                               |                           |   | %                 |                                 |
| PASSENGER INFO                                 | RMATION                  |                 |   |              |                                 |                           |   |                   |                                 |
| Number of Prescho                              | ol/Kindergarter          | n pupils        | ELEMENTAF<br>(Grades                                |              | RS                              | HI                        | GH SCHOOL RII<br>(Grades 9-12)                            |                   | TOTAL<br>ELIGIBLE RIDERS        |
| riding this route                              |                          | i l             | `   | ,            |                                 |                           | ,   |                   |                                 |
|  |                          |                 | a<br>NUME   |              |                                 |                           | b<br>NUMBER   |                   | c<br>a+b                        |
| Regular (include eligib                        | le Preschool/Kin         | dergarten       | INGINIE   | JLIN         |                                 |                           | NOMBER  |                   | a + 5                           |
| 1st Wheelchair (WC)                            |                          |                 |   |              |                                 |                           |   |                   |                                 |
| 2nd Wheelchair (WC)                            |                          |                 |   |              |                                 |                           |   |                   |                                 |
| Additional Wheelchairs                         | s (WC)                   |                 |   |              |                                 |                           |   |                   |                                 |
| Non-WC IEP Lists Tra                           | ns as Related Se         | ervice          |   |              |                                 |                           |   |                   |                                 |
| TOTAL ELIGIBLE                                 | RIDERS                   |                 |   |              |                                 |                           |   |                   |                                 |
| Ineligible Public School                       |                          |                 |   |              |                                 |                           |   |                   |                                 |
| agreement)                                     |                          |                 |   |              |                                 |                           |   |                   |                                 |
| (Include ineligible Pres Nonpublic School Ride |                          | teri fiders)    |   |              |                                 |                           |   |                   |                                 |
| TOTAL RIDERS                                   |                          |                 |   |              |                                 |                           |   |                   |                                 |
| We hereby certify the                          | hat this bus will o      | porate entire   | ly on the route establish                           | and by the   | Roard of Tru                    | etoes and wi              | ithin the transportati                                    | on area assign    | ed and approved by the          |
| County Transportation                          | Committee. We            | further certif  | y that this bus transports e by the State Superinte | s pupils el  | igible for sch                  | ool transport             | ation as defined by                                       | 20-10-101, MC     | A.                              |
| required; to provide a                         | vehicle which me         | ets the minin   | num standards as estab                              | lished by t  | he Board of                     | Public Educa              | ation, the Montana H                                      |                   |                                 |
| We also agree to re                            | efrain from solicit      | ing or causin   | and approved driver to og others to solicit studen  | its from otl | her transport                   | ation areas.              |   |                   |                                 |
| We understand tha<br>this bus route.           | t violations of the      | e laws, rules o | or regulations governing                            | school tra   | nsportation                     | will be suffici           | ent cause for withho                                      | olding of state a | and county reimbursement for    |
| the school boards of b                         | oth districts shall      | be attached     | to the county superinter                            | ndent's cop  | by of this doo                  | cument.                   | · ·   |                   | 10-126(2) MCA, signed by        |
| We understand rou accordance with 20-10        |                          | rring during t  | he school year require the                          | ne filing of | an amende                       | d TR-1 form a             | and approval of the                                       | County Transp     | ortation Committee in           |
| I certify that this app                        | olication for reg        |                 | school bus and state<br>d within the transport      |              |                                 |                           |   |                   | edge and belief, and the        |
| Signature - Chair, Boa                         |                          | croa by an      | uro danoporu  |              | urca a                          | coignica by               | and County Trails   | Date              |                                 |
|  |                          |                 |   |              |                                 |                           |   |                   |                                 |
| This Application for                           |                          |                 | n Committee Appro<br>s and State Reimburs           |              |                                 |                           |   |                   | CA. s within the transportation |
| area assigned to it I                          |                          |                 |   |              |                                 |                           | -   | Date              | -                               |
| Signature - Oriali, Cou                        | y manaponali             | on commune      | •   |              |                                 |                           |   | Duto              |                                 |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Rate Per Mile   Rate Per Mile   So.95   So.95  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Missoula  Route # Length of Route (miles per day) SE55   |  |  |  |  |  |  |
| Route # Length of Route (miles per day)  SE55  45  Uciense # District Owned Contractor Owned Contractor Owned Contractor Owned Contracted rate per mile  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Legal Entity  Legal Entity  PASSENGER INFORMATION  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  HIGH SCHOOL RIDERS (Grades 9-12)  FUND BUS ROUTE Mileage 17  Rated Capacity 17  17  17  17  17  17  17  17  17  17   |  |  |  |  |  |  |
| SE55  45  United I.D. #  2411  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  0583  Legal Entity  Vehicle I.D. #  1935  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Vehicle I.D. #  1935  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Vehicle I.D. #  1935  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Vehicle I.D. #  1935  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Vehicle I.D. #  Vehicle I.D |  |  |  |  |  |  |
| SE55   45   Bus Route Mileage   17   |  |  |  |  |  |  |
| Vehicle I.D. # 2411  1935    District Owned   Contractor Owned   Beach Transportation  |  |  |  |  |  |  |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0583  Legal Entity  Legal Entity  Which is provided to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each distr |  |  |  |  |  |  |
| Legal Entity 0583  Legal Entity  |  |  |  |  |  |  |
| Legal Entity 0583  Legal Entity Legal Entity  Modesian Service |  |  |  |  |  |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route  ELEMENTARY RIDERS (Grades PK-8)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS   |  |  |  |  |  |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route  ELEMENTARY RIDERS (Grades PK-8)  (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS   |  |  |  |  |  |  |
| Number of Preschool/Kindergarten pupils riding this route (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| a b c l C NUMBER NUMBER a + b  |  |  |  |  |  |  |
| Regular (include eligible Preschool/Kindergarten   |  |  |  |  |  |  |
| riders)  1st Wheelchair (WC)   |  |  |  |  |  |  |
| 2nd Wheelchair (WC)  |  |  |  |  |  |  |
| Additional Wheelchairs (WC)  |  |  |  |  |  |  |
| Non-WC IEP Lists Trans as Related Service  |  |  |  |  |  |  |
| TOTAL ELIGIBLE RIDERS  |  |  |  |  |  |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)   |  |  |  |  |  |  |
| TOTAL RIDERS   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  |  |  |  |  |  |  |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |  |  |  |  |  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement e  |   |   |  |   |   |  | orm for ea   | ch bus route that                                  |
|---|---|---|--|---|---|--|--|--|
| <b>Due Date</b><br>All Routes   | s:  |   | To C   | ounty Sup   | t To  | <b>OPI</b><br>tober 15   |  | Rate Per Mile<br>\$0.95                            |
| County Name   |   |   | County Number  | District  | Name  |  |  | Legal Entity Number                                |
| Missoula  |   |   | 32   | Misso   | ula Co Public   | : Schls  |  | 0583 0584  |
| Route #   | Lengt   | th of Route   | e (miles per day)  |   | f Service □ Bu  | us Route Mileage   |  | Rated Capacity                                     |
| 23sp  | 45  |   |  | Bus R   | □ No<br>Route Mileage   | on Bus Mileage   |  | 17   |
| Vehicle I.D. #  | <u> </u>  | License #   |  | •   | Owned   |  | ractor O   | wned   |
| 2412  |   | 1336  |  |   | ct - If so, Name o  | of Owner Beac<br>e   | ch Trans   | sportation<br>—                                    |
| Reimbursement Distribution- E   | nter the  | legal entit   |  | e of state/co   |   | nent to be paid to   | each dist  | rict. Note: Percentages                            |
| Legal Entity  |   | Legal Ent   |  | Legal E   |   | L  | egal Entity  | 1  |
| 0583  |   |   |  |   |   |  |  |  |
| % 100.00  |   | %   |  | %   |   |  | %  |  |
| PASSENGER INFORMATION   |   |   | ELEMENTARY RIDE  | DQ.   | нісн с  | SCHOOL RIDER   | 9  | TOTAL  |
| Number of Preschool/Kindergal riding this route   | rten pup  | oils  | (Grades PK-8)  | .110  |   | Grades 9-12)   | J  | ELIGIBLE RIDERS                                    |
|   |   |   | a<br>NUMBER  |   |   | b<br>NUMBER  |  | c<br>a + b   |
| Regular (include eligible Preschool/riders)   | Kinderga  | arten   | NOMBER   |   |   | TOMBER   |  | u · b  |
| 1st Wheelchair (WC)   |   |   |  |   |   |  |  |  |
| 2nd Wheelchair (WC)   |   |   |  |   |   |  |  |  |
| Additional Wheelchairs (WC)   |   |   |  |   |   |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service   | :   |  |   |   |  |  |  |
| TOTAL ELIGIBLE RIDERS   |   |   |  |   |   |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)   |   |   |  |   |   |  |  |  |
| (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)  |   | ders)   |  |   |   |  |  |  |
| TOTAL RIDERS  |   |   |  |   |   |  |  |  |
|   |   |   |  |   |   |  |  |  |
| We hereby certify that this bus we County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so the words we understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts so we understand route changes of accordance with 20-10-132, MCA. | We furth<br>bus and b<br>meets th<br>ensed, q<br>liciting or<br>the laws<br>es district<br>hall be at | ner certify the cus route by the minimum publified and reausing of the customers, rules or retained to the customers. | at this bus transports pupils et the State Superintendent; to a standards as established by a approved driver to operate shers to solicit students from orgulations governing school to transports students from outside county superintendent's county superintendent superintenden | eligible for sch<br>make such r<br>the Board of<br>such vehicle a<br>other transpor-<br>ransportation<br>ide the district<br>opy of this do | nool transportation<br>eports to the State<br>Public Education, is<br>required by 20-1<br>tation areas.<br>will be sufficient ca<br>t, a copy of the agr<br>cument. | as defined by 20-10<br>Superintendent an<br>the Montana Highw<br>0-103, MCA.<br>suse for withholding<br>eement between B | 0-101, MCA<br>d County S<br>vay Patrol a<br>g of state an<br>oards, 20-1 | d county reimbursement for 0-126(2) MCA, signed by |
| I certify that this application for bus operates on the route as a  |   |   |  |   |   |  |  |  |
| Signature - Chair, Board of Trustees  |   |   | .,   |   |   | Dat  |  |  |
| This Application for Registration   | n of Sch  | ool Bus a   |  |   |   |  |  |  |
| area assigned to it by the Coun Signature - Chair, County Transport   | •   |   | Committee.   |   |   | Dat  | e  |  |
| 3   |   |   |  |   |   |  |  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ex   |                   |                                 |                         |  | one form for ea | ach bus route that       |  |  |
|---|-------------------|---------------------------------|-------------------------|--|-----------------|--------------------------|--|--|
| <b>Due Dates</b><br>All Routes  | <b>3:</b>         |                                 | County Supt<br>ober 1   | To OPI October 15  |                 | Rate Per Mile<br>\$0.95  |  |  |
| County Name   |                   | County Number                   | District                | Name   |                 | Legal Entity Number      |  |  |
| Missoula  |                   | 32                              |                         | ula Co Public Schls  |                 | 0583 0584                |  |  |
| Route #   | Length of Rou     | te (miles per day)              | Type of                 | Service   Bus Route Mi  Non Bus Mile   | 5 -             | Rated Capacity           |  |  |
| 6sp<br>Vehicle I.D. #   | 45                | ш                               | 1 '                     | oute Mileage   |                 | 18                       |  |  |
| 1969  |                   |                                 |                         | <ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li></ul> |                 |                          |  |  |
| Reimbursement Distribution- En  | ter the legal ent |                                 | je of state/co          | unty reimbursement to be p   | aid to each dis | trict. Note: Percentages |  |  |
| Legal Entity<br>0583  | Legal Er          |                                 | natch budget<br>Legal E |  | Legal Entity    | у                        |  |  |
| % 100.00  | %                 |                                 | %                       |  | %               |                          |  |  |
| PASSENGER INFORMATION   |                   |                                 |                         |  |                 |                          |  |  |
| Number of Preschool/Kindergart riding this route  | ten pupils        | ELEMENTARY RID<br>(Grades PK-8) | ERS                     | HIGH SCHOOL RI<br>(Grades 9-12   |                 | TOTAL<br>ELIGIBLE RIDERS |  |  |
|   |                   | a<br>NUMBER                     |                         | b<br>NUMBER  |                 | c<br>a+b                 |  |  |
| Regular (include eligible Preschool/K riders)   | (indergarten      | NOMBER                          |                         | NOWBER   |                 | a + b                    |  |  |
| 1st Wheelchair (WC)   |                   |                                 |                         |  |                 |                          |  |  |
| 2nd Wheelchair (WC)   |                   |                                 |                         |  |                 |                          |  |  |
| Additional Wheelchairs (WC)   |                   |                                 |                         |  |                 |                          |  |  |
| Non-WC IEP Lists Trans as Related   | Service           |                                 |                         |  |                 |                          |  |  |
| TOTAL ELIGIBLE RIDERS   |                   |                                 |                         |  |                 |                          |  |  |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg  | ance              |                                 |                         |  |                 |                          |  |  |
| Nonpublic School Riders (ineligible)  |                   |                                 |                         |  |                 |                          |  |  |
| TOTAL RIDERS  |                   |                                 |                         |  |                 |                          |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                   |                                 |                         |  |                 |                          |  |  |
| I certify that this application for rebus operates on the route as ap   |                   |                                 |                         |  |                 |                          |  |  |
| Signature - Chair, Board of Trustees  | ·                 | ·                               |                         | ·  | Date            |                          |  |  |
| County T This Application for Registration area assigned to it by the County  | of School Bus     | and State Reimbursement         |                         | accordance with Section 2 eviewed and I certify that this  |                 |                          |  |  |
| Signature - Chair, County Transporta  | ation Committee   |                                 |                         |  | Date            |                          |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordant receives state reimbursement expectations.  Due Dates All Routes | ven though trans  | sportees of another legal of <b>To C</b> |               | ilize the services.                            |                   | each bus route that Rate Per Mile \$0.95 |
|---|-------------------|--|---------------|--|-------------------|--|
| County Name   |                   | County Number                            | District      | Name   |                   | Legal Entity Number                      |
| Missoula  |                   | 32                                       | Misso         | ula Co Public Schls                            | i                 | 0583 0584                                |
| Route #   | Length of Rout    | e (miles per day)                        |               | Service   Bus Route                            | Mileage           | Rated Capacity                           |
| 21sp  | 45                |  | Bus R         | □ Non Bus Noute Mileage                        | /lileage          | 18                                       |
| Vehicle I.D. #  | License #         | !  | □ District    | Owned  | Contractor        |  |
| 1970 1933   |                   |  |               | ct - If so, Name of Owne<br>cted rate per mile | r Beach Trar      | nsportation<br>——                        |
| Reimbursement Distribution- En  | ter the legal ent |  | e of state/co |  | e paid to each di | strict. Note: Percentages                |
| Legal Entity  | Legal En          |  | Legal E       |  | Legal Ent         | ity                                      |
| 0583  |                   |  |               |  |                   |  |
| % 100.00  | %                 |  | %             |  | %                 |  |
| PASSENGER INFORMATION   |                   | ELEMENTARY RIDE                          | -DC           | HIGH SCHOOL                                    | DIDEDO            | TOTAL                                    |
| Number of Preschool/Kindergart  | ten pupils        | (Grades PK-8)                            | EKS           | (Grades 9                                      |                   | ELIGIBLE RIDERS                          |
| riding this route   |                   |  |               |  |                   |  |
|   |                   | a<br>NUMBER                              |               | b<br>NUMBE                                     | R                 | c<br>a + b                               |
| Regular (include eligible Preschool/K riders)   |                   |  |               |  |                   |  |
| 1st Wheelchair (WC)   |                   |  |               |  |                   |  |
| 2nd Wheelchair (WC)   |                   |  |               |  |                   |  |
| Additional Wheelchairs (WC)   |                   |  |               |  |                   |  |
| Non-WC IEP Lists Trans as Related   | Service           |  |               |  |                   |  |
| TOTAL ELIGIBLE RIDERS   |                   |  |               |  |                   |  |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda                         |                   |  |               |  |                   |  |
| agreement) (Include ineligible Preschool/Kinderg  |                   |  |               |  |                   |  |
| Nonpublic School Riders (ineligible)  | arton master      |  |               |  |                   |  |
| TOTAL RIDERS  |                   |  |               |  |                   |  |
|   |                   |  |               |  |                   |  |
| This Application for Registration   | of School Bus a   |  |               |  |                   |  |
| area assigned to it by the Count<br>Signature - Chair, County Transporta                            |                   | Committee.                               |               |  | Date              |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance  | with Title 20. C   | Chapter 10. Part 1. MCA          | . School dis           | strict official must comple                     | te one form for ea   | ach bus route that          |
|--|--------------------|----------------------------------|------------------------|---|----------------------|-----------------------------|
| receives state reimbursement even  |                    |                                  |                        |   |                      | Rate Per Mile               |
| Due Dates:   |                    |                                  | ounty Supt             |   |                      |                             |
| All Routes   |                    | Octo                             | ber 1                  | October 15                                      |                      | \$0.95                      |
| County Name  |                    | County Number                    | District               | Name  |                      | Legal Entity Number         |
| Missoula   |                    | 32                               | Misso                  | ula Co Public Schls                             |                      | 0583 0584                   |
| Route # Le   | ngth of Route      | (miles per day)                  | Type of                | Service   Bus Route  Non Bus M                  | •                    | Rated Capacity              |
| 17sp 45  | 5                  |                                  | Bus R                  | oute Mileage                                    | lleage               | 18                          |
| Vehicle I.D. #   | e I.D. # License # |                                  |                        | Owned   | Contractor (         |                             |
| 1971   | 1934               |                                  |                        | ct - If so, Name of Owner<br>cted rate per mile | Beach Iran           | sportation<br>—             |
| Reimbursement Distribution- Enter t  | the legal entity   |                                  |                        |   | e paid to each dis   | strict. Note: Percentages   |
| Legal Entity   | Legal Entity       |                                  | atch budget<br>Legal E |   | Legal Entit          | у                           |
| 0583   |                    |                                  |                        |   |                      |                             |
| % 100.00   | %                  |                                  | %                      |   | %                    |                             |
| PASSENGER INFORMATION  | 70                 |                                  |                        |   | 70                   |                             |
| Number of Preschool/Kindergarten   | nunils             | ELEMENTARY RIDE<br>(Grades PK-8) | RS                     | HIGH SCHOOL<br>(Grades 9-                       |                      | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  |                    | (3.44331113)                     |                        | (814466 6                                       | ,                    | ELIGIBLE TUBERO             |
|  |                    | а                                |                        | b   |                      | С                           |
| Regular (include eligible Preschool/Kinde  | ergarten           | NUMBER                           |                        | NUMBE   | R                    | a + b                       |
| riders) 1st Wheelchair (WC)  |                    |                                  |                        |   |                      |                             |
| 2nd Wheelchair (WC)  |                    |                                  |                        |   |                      |                             |
| Additional Wheelchairs (WC)  |                    |                                  |                        |   |                      |                             |
| Non-WC IEP Lists Trans as Related Serv   | vice               |                                  |                        |   |                      |                             |
| TOTAL ELIGIBLE RIDERS  | VICC               |                                  |                        |   |                      |                             |
|  |                    |                                  |                        |   |                      |                             |
| Ineligible Public School Riders (i.e., unde miles OR nonresident and no attendance     |                    |                                  |                        |   |                      |                             |
| agreement) (Include ineligible Preschool/Kindergarter                                  | n riders)          |                                  |                        |   |                      |                             |
| Nonpublic School Riders (ineligible)   |                    |                                  |                        |   |                      |                             |
| TOTAL RIDERS   |                    |                                  | _                      |   |                      |                             |
| We hereby certify that this bus will ope   |                    |                                  |                        |   |                      |                             |
| County Transportation Committee. We full We agree to supervision of this bus ar        | nd bus route by t  | he State Superintendent; to      | make such r            | eports to the State Superinte                   | ndent and County S   | Superintendent as are       |
| required; to provide a vehicle which meet<br>Superintendent; and to provide a licensed | d, qualified and a | approved driver to operate s     | such vehicle a         | s required by 20-10-103, MC                     |                      | and the State               |
| We also agree to refrain from soliciting<br>We understand that violations of the la    |                    |                                  |                        |   | thholding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosses dis                               |                    |                                  |                        |   | etween Boards, 20-   | 10-126(2) MCA, signed by    |
| the school boards of both districts shall be<br>We understand route changes occurri    |                    |                                  |                        |   | the County Transpo   | ortation Committee in       |
| accordance with 20-10-132, MCA.  I certify that this application for regis             | stration of scho   | ol bus and state reimbu          | rsement is to          | rue and complete to the b                       | est of mv knowle     | edge and belief. and the    |
| bus operates on the route as approv Signature - Chair, Board of Trustees               |                    |                                  |                        |   |                      |                             |
| Signature - Chair, Board of Trustees   |                    |                                  |                        |   | Date                 |                             |
|  |                    |                                  |                        | accordance with Section                         |                      |                             |
| This Application for Registration of S area assigned to it by the County Tr            | School Bus and     | d State Reimbursement            | has been re            | viewed and I certify that                       | this bus operates    | within the transportation   |
| area assigned to it by the county in   | ansportation C     | Committee.                       |                        | •   |                      | ·                           |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required  | in accordance w      | ith Title 20. (   | Chapter 10, Part 1, MCA  | A. School di           | strict official n                | nust complete d                | one form for ea   | ach bus route that          |
|--|----------------------|-------------------|--|------------------------|----------------------------------|--------------------------------|-------------------|-----------------------------|
|  |                      |                   | ortees of another legal  |                        |                                  |                                |                   | Rate Per Mile               |
|  | Due Dates:           |                   |  | County Sup             |                                  | То ОРІ                         |                   |                             |
|  | All Routes           |                   | Octo   | ober 1                 |                                  | October 15                     |                   | \$0.95                      |
| County Name  |                      |                   | County Number  | District               | Name                             |                                |                   | Legal Entity Number         |
| Missoula   |                      |                   | 32   | Misso                  | ula Co Pul                       | olic Schls                     |                   | 0583 0584                   |
| Route #  | Lenç                 | gth of Route      | (miles per day)  | Type o                 |                                  | Bus Route Mil<br>Non Bus Milea | J                 | Rated Capacity              |
| SE51   | 45                   |                   |  | Bus F                  | oute Milea                       |                                | age               | 18                          |
| Vehicle I.D. #   | e I.D. # License #   |                   |  | □ Distric              |                                  |                                | Contractor C      |                             |
| 1971   |                      | 1934              |  |                        | ct - If so, Nan<br>cted rate per | ne of Owner E                  | Beach Fran        | sportation<br>              |
| Reimbursement Distr  | ibution- Enter the   | e legal entity    |  |                        |                                  | sement to be pa                | aid to each dis   | strict. Note: Percentages   |
| Legal Entity   |                      | Legal Entity      |  | natch budge<br>Legal E |                                  |                                | Legal Entit       | у                           |
| 0583   |                      |                   |  |                        |                                  |                                |                   |                             |
| % 100.00   |                      | %                 |  | %                      |                                  |                                | %                 |                             |
| PASSENGER INFOR  | RMATION              | 70                |  | 70                     |                                  |                                | 70                |                             |
| Number of Preschool  |                      | ınile             | ELEMENTARY RIDI<br>(Grades PK-8)   | ERS                    | HIG                              | H SCHOOL RI<br>(Grades 9-12    |                   | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | /Kilidelgaltell pt   | apiis             | (Glades FK-0)  |                        |                                  | (Grades 9-12)                  | ,                 | LLIGIBLE RIDERS             |
|  |                      |                   | a  |                        |                                  | b                              |                   | С                           |
| Regular (include eligible  | Preschool/Kindero    | garten            | NUMBER   |                        |                                  | NUMBER                         |                   | a + b                       |
| riders)  1st Wheelchair (WC)   |                      |                   |  |                        |                                  |                                |                   |                             |
| 2nd Wheelchair (WC)  |                      |                   |  |                        |                                  |                                |                   |                             |
| , ,  | (WC)                 |                   |  |                        |                                  |                                |                   |                             |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service |                      |                   |  |                        |                                  |                                |                   |                             |
|  |                      |                   |  |                        |                                  |                                |                   |                             |
| TOTAL ELIGIBLE RI  |                      |                   |  |                        |                                  |                                |                   |                             |
| Ineligible Public School F<br>miles OR nonresident ar                  |                      | 3                 |  |                        |                                  |                                |                   |                             |
| agreement) (Include ineligible Presch                                  | hool/Kindergarten r  | riders)           |  |                        |                                  |                                |                   |                             |
| Nonpublic School Riders  | s (ineligible)       |                   |  |                        |                                  |                                |                   |                             |
| TOTAL RIDERS   |                      |                   |  |                        |                                  |                                |                   |                             |
|  |                      |                   | the route established by th  |                        |                                  |                                |                   |                             |
| We agree to supervis   | sion of this bus and | I bus route by t  | t this bus transports pupils<br>the State Superintendent; to   | o make such r          | eports to the St                 | ate Superintende               | ent and County S  | Superintendent as are       |
| Superintendent; and to p   | provide a licensed,  | qualified and a   | standards as established by<br>approved driver to operate  | such vehicle a         | s required by 2                  |                                | Highway Patrol    | and the State               |
|  |                      |                   | ers to solicit students from culations governing school t  |                        |                                  | t cause for withho             | olding of state a | nd county reimbursement for |
| this bus route. We agree that if this r                                | route crosses distri | ict lines and tra | ansports students from outs  | side the distric       | t, a copy of the                 | agreement between              | een Boards, 20-   | 10-126(2) MCA, signed by    |
| the school boards of both  | h districts shall be | attached to the   | e county superintendent's on the county superintendent's county superintendent superintend | opy of this do         | cument.                          | J                              | ,                 | ( ) , , ,                   |
| accordance with 20-10-1  | 132, MCA.            |                   |  |                        |                                  |                                |                   | edge and belief, and the    |
| bus operates on the r  | oute as approve      |                   | hin the transportation se  |                        |                                  |                                | sportation Cor    |                             |
| Signature - Chair, Board   | of Irustees          |                   |  |                        |                                  |                                | Date              |                             |
|  | County Transı        | portation Co      | ommittee Approval as   | required in            | accordance                       | with Section 2                 | 20-10-132, MC     | ÇA.                         |
| This Application for R area assigned to it by                          | Registration of Sc   | chool Bus and     | d State Reimbursement  |                        |                                  |                                |                   | within the transportation   |
| Signature - Chair, Count   |                      |                   |  |                        |                                  |                                | Date              |                             |
|  |                      |                   |  |                        |                                  |                                |                   |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Rate Per Mile    Due Dates: All Routes   Due Dates: Al |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Missoula  Route # Length of Route (miles per day)  20sp  |  |  |  |  |  |  |
| Route # Length of Route (miles per day)  20sp  45  Bus Route Mileage Bus Route Milea |  |  |  |  |  |  |
| Non Bus Mileage   18     Non Bus Mileage   18     Non Bus Mileage   18     Non Bus Mileage   18   Non Bus Mileage   Non Bus Mileage   18   Non Bus Mileage   18   Non Bus Mileage   N   |  |  |  |  |  |  |
| Second   20sp   45   Bus Route Mileage   18  |  |  |  |  |  |  |
| Vehicle I.D. # License # District Owned Contractor Owned Beach Transportation    Contract - If so, Name of Owner Beach Transportation  |  |  |  |  |  |  |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0583  Legal Entity Usual Entit |  |  |  |  |  |  |
| Legal Entity   Lega   |  |  |  |  |  |  |
| Legal Entity 0583    Legal Entity   Legal Entity   Legal Entity     W   100.00   W   W     PASSENGER INFORMATION     Number of Preschool/Kindergarten pupils riding this route   |  |  |  |  |  |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route    Caracter   Cara |  |  |  |  |  |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route    Caracter   Cara |  |  |  |  |  |  |
| Number of Preschool/Kindergarten pupils riding this route   (Grades PK-8)  (Grades 9-12)  ELIGIBLE RIDERS   To consider the preschool/Kindergarten pupils and the preschool/Kindergarten |  |  |  |  |  |  |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  NUMBER  NUMBER  a + b  a + b  |  |  |  |  |  |  |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  |  |  |  |  |  |  |
| 1st Wheelchair (WC)  |  |  |  |  |  |  |
| 2nd Wheelchair (WC)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional Wheelchairs (WC)  |  |  |  |  |  |  |
| Non-WC IEP Lists Trans as Related Service  |  |  |  |  |  |  |
| TOTAL ELIGIBLE RIDERS  |  |  |  |  |  |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)   |  |  |  |  |  |  |
| TOTAL RIDERS   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  |  |  |  |  |  |  |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |  |  |  |  |  |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordan receives state reimbursement even  |                        |                   |                                  |                       |   | lete one form for e      |   |
|--|------------------------|-------------------|----------------------------------|-----------------------|---|--------------------------|---|
| <b>Due Dates</b> :<br>All Routes   | :                      |                   |                                  | ounty Sup<br>ber 1    | ot To OPI<br>October 1                                      | 5                        | Rate Per Mile<br>\$0.95   |
| County Name  |                        |                   | County Number                    | Distric               | t Name  |                          | Legal Entity Number   |
| Missoula   |                        |                   | 32                               |                       | oula Co Public Schl   |                          | 0583 0584   |
| Route #  | Length of F            | Route (           | miles per day)                   | Type o                | of Service □ Bus Rout<br>□ Non Bus                          |                          | Rated Capacity  |
| '  | 45                     |                   |                                  | Bus I                 | Route Mileage   |                          | 18  |
| Vehicle I.D. # 8110  | 1930                   |                   |                                  |                       | ct Owned<br>act - If so, Name of Own<br>acted rate per mile | Contractor er Beach Trar |   |
| Reimbursement Distribution- Ent  | er the legal           | entity            |                                  | e of state/c          | ounty reimbursement to                                      | be paid to each di       | strict. Note: Percentages   |
| Legal Entity   | Lega                   | I Entity          |                                  | atch budge<br>Legal I |   | Legal Ent                | ty  |
| 0583   |                        |                   |                                  |                       | •   |                          |   |
| % 100.00   | %                      | 1                 |                                  | %                     |   | %                        |   |
| PASSENGER INFORMATION  | 70                     |                   |                                  |                       |   |                          |   |
| Number of Preschool/Kindergarte riding this route  | en pupils              |                   | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                   | HIGH SCHOO<br>(Grades                                       |                          | TOTAL<br>ELIGIBLE RIDERS  |
|  |                        |                   | a                                |                       | b   |                          | c .   |
| Regular (include eligible Preschool/Ki   | indergarten            |                   | NUMBER                           |                       | NUMB  | EK                       | a + b   |
| riders) 1st Wheelchair (WC)  |                        |                   |                                  |                       |   |                          |   |
| 2nd Wheelchair (WC)  |                        |                   |                                  |                       |   |                          |   |
| Additional Wheelchairs (WC)  |                        |                   |                                  |                       |   |                          |   |
| Non-WC IEP Lists Trans as Related S  | Service                |                   |                                  |                       |   |                          |   |
| TOTAL ELIGIBLE RIDERS  |                        |                   |                                  |                       |   |                          |   |
| Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga   | ince                   |                   |                                  |                       |   |                          |   |
| Nonpublic School Riders (ineligible)   |                        |                   |                                  |                       |   |                          |   |
| TOTAL RIDERS   |                        |                   |                                  |                       |   |                          |   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                        |                   |                                  |                       |   |                          | CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by ortation Committee in edge and belief, and the |
| bus operates on the route as app<br>Signature - Chair, Board of Trustees   | proved by a            | nd with           | in the transportation se         | rvice area            | assigned by the County                                      | Transportation Co        | mmittee.  |
|  |                        |                   |                                  |                       |   |                          |   |
| This Application for Registration area assigned to it by the County  | of School B  Transport | us and<br>ation C | State Reimbursement              |                       | accordance with Sect<br>reviewed and I certify that         |                          |   |
| Signature - Chair, County Transportat  | tion Committe          | ee                |                                  |                       |   | Date                     |   |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev  |             |                                  |                     |                               |  | one form for e           | ach bus route that        |  |
|--|-------------|----------------------------------|---------------------|-------------------------------|--|--------------------------|---------------------------|--|
| <b>Due Dates</b><br>All Routes   | •           | •                                | То С                | ounty Sup                     |  |                          | Rate Per Mile<br>\$0.95   |  |
| County Name  |             |                                  | County Number       | District                      | Name   |                          | Legal Entity Number       |  |
| Missoula   |             |                                  | 32                  | Misso                         | ula Co Public Schls                                    |                          | 0583 0584                 |  |
| Route # Length of Route (miles per day)  |             |                                  |                     | Type o                        | f Service   Bus Route M                                | U                        | Rated Capacity            |  |
| 18sp 45  |             |                                  |                     | Bus F                         | □ Non Bus Mile<br>Route Mileage                        | eage                     | 18                        |  |
| Vehicle I.D. # License #   |             |                                  |                     | □ Distric                     |  | Contractor (             |                           |  |
| 8112   | 19          | 31                               |                     |                               | ct - If so, Name of Owner cted rate per mile           | Beach Tran               | sportation<br>—           |  |
| Reimbursement Distribution- En   | ter the leg | gal entity                       |                     | e of state/co                 |  | oaid to each dis         | strict. Note: Percentages |  |
| Legal Entity Legal Entity 0583   |             |                                  |                     | Legal E                       |  | Legal Entit              | ty .                      |  |
| % 100.00 %   |             |                                  |                     | %                             |  | %                        |                           |  |
| PASSENGER INFORMATION  |             |                                  |                     |                               |  |                          |                           |  |
| Number of Preschool/Kindergart riding this route   |             | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                 | HIGH SCHOOL R<br>(Grades 9-12 |  | TOTAL<br>ELIGIBLE RIDERS |                           |  |
|  |             |                                  | a<br>NUMBER         |                               | b<br>NUMBER  | b<br>NUMBER              |                           |  |
| Regular (include eligible Preschool/K  | (indergarte | n                                | NOMBER              |                               | NOWBER   |                          | a + b                     |  |
| riders) 1st Wheelchair (WC)  |             |                                  |                     |                               |  |                          |                           |  |
| 2nd Wheelchair (WC)  |             |                                  |                     |                               |  |                          | _                         |  |
| Additional Wheelchairs (WC)  |             |                                  |                     |                               |  |                          |                           |  |
| Non-WC IEP Lists Trans as Related  | Service     |                                  |                     |                               |  |                          |                           |  |
| TOTAL ELIGIBLE RIDERS  |             |                                  |                     |                               |  |                          |                           |  |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)<br>(Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible) | ance        | s)                               |                     |                               |  |                          |                           |  |
| TOTAL RIDERS   |             |                                  |                     |                               |  |                          |                           |  |
|  |             |                                  |                     |                               |  |                          |                           |  |
| This Application for Registration  | of Schoo    | I Bus and                        | State Reimbursement |                               | accordance with Section eviewed and I certify that the |                          |                           |  |
| area assigned to it by the County Signature - Chair, County Transporta   |             |                                  | ommuee.             |                               |  | Date                     |                           |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   |                         |                   |                                  |                             |   |                 |                           |  |
|---|-------------------------|-------------------|----------------------------------|-----------------------------|---|-----------------|---------------------------|--|
| <b>Due Dates</b><br>All Routes  | :                       |                   |                                  | ounty Sup                   | t To OPI<br>October 15                          |                 | Rate Per Mile<br>\$0.95   |  |
| County Name   |                         |                   | County Number                    | District                    | Name  |                 | Legal Entity Number       |  |
| Missoula  |                         |                   | 32                               | Misso                       | ula Co Public Schls                             |                 | 0583 0584                 |  |
| Route # Length of Route (miles per day)   |                         |                   |                                  | Type o                      | f Service □ Bus Route Mi<br>□ Non Bus Mile      | J               | Rated Capacity            |  |
| 19sp 45   |                         |                   |                                  | Bus F                       | Route Mileage                                   | age             | 19                        |  |
| Vehicle I.D. #  | Lice                    | ense #            |                                  | □ Distric                   |   | Contractor C    |                           |  |
| 2504  | 182                     |                   |                                  | □ Contra                    | ct - If so, Name of Owner Incted rate per mile  |                 | <u> </u>                  |  |
| Reimbursement Distribution- Ent   | ter the lega            | al entity         |                                  | e of state/co<br>atch budge |   | aid to each dis | strict. Note: Percentages |  |
| Legal Entity<br>0583  | Leg                     | al Entity         |                                  | Legal E                     |   | Legal Entit     | у                         |  |
| % 100.00  | c                       | %                 |                                  | %                           |   | %               |                           |  |
| PASSENGER INFORMATION   |                         |                   |                                  |                             |   |                 | _                         |  |
| Number of Preschool/Kindergarteriding this route  | en pupils               |                   | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                         | HIGH SCHOOL RI<br>(Grades 9-12                  |                 | TOTAL<br>ELIGIBLE RIDERS  |  |
|   |                         | а                 |                                  | b                           |   | C               |                           |  |
| Regular (include eligible Preschool/K   | indergarten             |                   | NUMBER                           |                             | NUMBER  |                 | a + b                     |  |
| riders) 1st Wheelchair (WC)   |                         |                   |                                  |                             |   |                 |                           |  |
| 2nd Wheelchair (WC)   |                         |                   |                                  |                             |   |                 |                           |  |
| Additional Wheelchairs (WC)   |                         |                   |                                  |                             |   |                 |                           |  |
| Non-WC IEP Lists Trans as Related   | Service                 |                   |                                  |                             |   |                 |                           |  |
| TOTAL ELIGIBLE RIDERS   |                         |                   |                                  |                             |   |                 |                           |  |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)<br>(Include ineligible Preschool/Kinderga   | ance                    | )                 |                                  |                             |   |                 |                           |  |
| Nonpublic School Riders (ineligible)  |                         |                   |                                  |                             |   |                 |                           |  |
| TOTAL RIDERS  |                         |                   |                                  |                             |   |                 |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                         |                   |                                  |                             |   |                 |                           |  |
| bus operates on the route as app<br>Signature - Chair, Board of Trustees  |                         |                   |                                  |                             |   |                 |                           |  |
|   |                         |                   |                                  |                             |   |                 |                           |  |
| This Application for Registration area assigned to it by the County   | of School<br>y Transpor | Bus and rtation C | d State Reimbursement            |                             | accordance with Section and I certify that this |                 |                           |  |
| Signature - Chair, County Transporta  | tion Commi              | ittee             |                                  |                             |   | Date            |                           |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement even t  |                 |                                  |                                 |   | one form for ea | ach bus route that        |  |  |
|--|-----------------|----------------------------------|---------------------------------|---|-----------------|---------------------------|--|--|
| <b>Due Dates:</b><br>All Routes  |                 | To C                             | ounty Supt                      |   |                 | Rate Per Mile<br>\$0.95   |  |  |
| County Name  |                 | County Number                    | District                        | Name  |                 | Legal Entity Number       |  |  |
| Missoula   |                 | 32                               | Misso                           | ula Co Public Schls                                       |                 | 0583 0584                 |  |  |
|  | (miles per day) |                                  | Service   Bus Route Mi          | U   | Rated Capacity  |                           |  |  |
| 14sp 45  |                 | Bus R                            | □ Non Bus Mile<br>coute Mileage | age   | 19              |                           |  |  |
| Vehicle I.D. # License #   |                 |                                  | □ District                      | Owned (   | Contractor C    |                           |  |  |
| 2505   | 1824            |                                  |                                 | ct - If so, Name of Owner 【<br>cted rate per mile         | Beach Tran      | sportation<br>—           |  |  |
| Reimbursement Distribution- Enter the  | he legal entity |                                  | e of state/co<br>atch budget    |   | aid to each dis | strict. Note: Percentages |  |  |
| Legal Entity<br>0583   | Legal Entit     |                                  | Legal E                         |   | Legal Entit     | y                         |  |  |
| % 100.00   |                 | %                                |                                 | %   |                 |                           |  |  |
| PASSENGER INFORMATION  |                 |                                  |                                 |   |                 |                           |  |  |
| Number of Preschool/Kindergarten priding this route  | oupils          | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                             | HIGH SCHOOL RI<br>(Grades 9-12                            |                 | TOTAL<br>ELIGIBLE RIDERS  |  |  |
|  | a<br>NUMBER     |                                  | b<br>NUMBER                     |   | c<br>a+b        |                           |  |  |
| Regular (include eligible Preschool/Kinde  | rgarten         | NOWBER                           |                                 | NOMBER  |                 | a + b                     |  |  |
| riders) 1st Wheelchair (WC)  |                 |                                  |                                 |   |                 |                           |  |  |
| 2nd Wheelchair (WC)  |                 |                                  |                                 |   |                 |                           |  |  |
| Additional Wheelchairs (WC)  |                 |                                  |                                 |   |                 |                           |  |  |
| Non-WC IEP Lists Trans as Related Serv   | rice            |                                  |                                 |   |                 |                           |  |  |
| TOTAL ELIGIBLE RIDERS  |                 |                                  |                                 |   |                 |                           |  |  |
| Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten Nonpublic School Riders (ineligible) |                 |                                  |                                 |   |                 |                           |  |  |
| TOTAL RIDERS   |                 |                                  |                                 |   |                 |                           |  |  |
|  |                 |                                  |                                 |   |                 |                           |  |  |
| This Application for Registration of S   | School Bus an   | d State Reimbursement            |                                 | accordance with Section 2 eviewed and I certify that this |                 |                           |  |  |
| area assigned to it by the County Tra<br>Signature - Chair, County Transportation  |                 | Committee.                       |                                 |   | Date            |                           |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| receives state reimbursement e  Due Date  All Routes   | even though trans       | portees of another legal er      | ntity may ut<br>ounty Supt | ilize the services.                         | ·<br>I                   | Rate Per Mile<br>\$0.95       |  |  |
|--|-------------------------|----------------------------------|----------------------------|---|--------------------------|-------------------------------|--|--|
| County Name  |                         | County Number                    | District                   | Name  |                          | Legal Entity Number           |  |  |
| Missoula   |                         | 32                               | Misso                      | ula Co Public S                             | chle                     | 0583 0584                     |  |  |
| Route #  | Length of Rout          | e (miles per day)                |                            | Service   Bus F                             | Route Mileage            | Rated Capacity                |  |  |
| 15sp   | 45                      |                                  | Bus R                      | □ Non E<br>oute Mileage                     | Bus Mileage              | 19                            |  |  |
| Vehicle I.D. #   | License #               |                                  | □ District                 | Owned                                       | Contracto                |                               |  |  |
| 3533   | 1832                    |                                  |                            | ct - If so, Name of C<br>cted rate per mile | Owner Beach Tr           | ransportation                 |  |  |
| Reimbursement Distribution- En   | nter the legal enti     |                                  | of state/co                | unty reimbursemen                           | t to be paid to each     | n district. Note: Percentages |  |  |
| Legal Entity<br>0583   | Legal Ent               |                                  | Legal E                    |   | Legal E                  | Entity                        |  |  |
| % 100.00   | %                       |                                  | %                          |   | %                        |                               |  |  |
| PASSENGER INFORMATION  |                         |                                  |                            |   |                          |                               |  |  |
| Number of Preschool/Kindergal riding this route  | rten pupils             | ELEMENTARY RIDE<br>(Grades PK-8) | RS                         |   | lOOL RIDERS<br>des 9-12) | TOTAL<br>ELIGIBLE RIDERS      |  |  |
|  |                         | a<br>NUMBER                      |                            | NU  | b<br>IMBER               | c<br>a+b                      |  |  |
| Regular (include eligible Preschool/ riders)   | Kindergarten            |                                  |                            |   |                          |                               |  |  |
| 1st Wheelchair (WC)  |                         |                                  |                            |   |                          |                               |  |  |
| 2nd Wheelchair (WC)  |                         |                                  |                            |   |                          |                               |  |  |
| Additional Wheelchairs (WC)  |                         |                                  |                            |   |                          |                               |  |  |
| Non-WC IEP Lists Trans as Related  | I Service               |                                  |                            |   |                          |                               |  |  |
| TOTAL ELIGIBLE RIDERS  |                         |                                  |                            |   |                          |                               |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)  | dance<br>garten riders) |                                  |                            |   |                          |                               |  |  |
| TOTAL RIDERS   |                         |                                  |                            |   |                          |                               |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.   |                         |                                  |                            |   |                          |                               |  |  |
| I certify that this application for bus operates on the route as application for the second s |                         |                                  |                            |   |                          |                               |  |  |
| Signature - Chair, Board of Trustees   |                         | ·                                |                            | ,   | Date                     |                               |  |  |
| County This Application for Registration area assigned to it by the Coun   | n of School Bus a       |                                  |                            |   |                          |                               |  |  |
| Signature - Chair, County Transport  |                         |                                  |                            |   | Date                     |                               |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement events.  |                      |                                  |  |                                |  | one form for e                      | each bus route that          |
|---|----------------------|----------------------------------|--|--------------------------------|--|-------------------------------------|------------------------------|
|   |                      | ough transp                      | •  |                                |  |                                     | Rate Per Mile                |
| <b>Due Dates</b><br>All Routes  |                      |                                  | <b>To Co</b><br>Octo   | ounty Supt<br>per 1            | t To OPI<br>October 15   |                                     | \$0.95                       |
| County Name   |                      |                                  | County Number  | District                       | Name   |                                     | Legal Entity Number          |
| Missoula  |                      | 32 Missoula Co Public Schls      |  |                                |  | 0583 0584                           |                              |
| Route #   | Lengt                | th of Route                      | (miles per day)  | Type of                        | f Service ☐ Bus Route N  |                                     | Rated Capacity               |
| 8sp   | 45                   |                                  |  | Bus R                          | □ Non Bus Mil<br>Route Mileage                                   | eage                                | 20                           |
| Vehicle I.D. #  |                      | License #                        |  | □ District                     | t Owned  | Contractor                          |                              |
| 0979  |                      | 9542                             |  |                                | ct - If so, Name of Owner cted rate per mile                     | Beach Tran                          | sportation<br>——             |
| Reimbursement Distribution- En  | iter the             | legal entity                     |  | of state/co                    |  | paid to each di                     | strict. Note: Percentages    |
| Legal Entity  |                      | Legal Entit                      |  | Legal E                        |  | Legal Enti                          | ty                           |
| 0583  |                      |                                  |  |                                |  |                                     |                              |
| % 100.00  |                      | %                                |  | %                              |  | %                                   |                              |
| PASSENGER INFORMATION   |                      |                                  | ELEMENTA DV DIDE   | D0                             | 111011 0011001 5   | NDEDO                               | TOTAL                        |
| Number of Preschool/Kindergar   | ten pup              | oils                             | ELEMENTARY RIDE<br>(Grades PK-8)                                 | KS                             | HIGH SCHOOL F<br>(Grades 9-1                                     |                                     | TOTAL<br>ELIGIBLE RIDERS     |
| riding this route   |                      |                                  |  |                                |  |                                     |                              |
|   |                      |                                  | a<br>NUMBER  |                                | b<br>NUMBER  |                                     | C                            |
| Regular (include eligible Preschool/k   | Kinderga             | arten                            | NOWBER   |                                | NOMBER   | ·                                   | a + b                        |
| riders) 1st Wheelchair (WC)   |                      |                                  |  |                                |  |                                     |                              |
| 2nd Wheelchair (WC)   |                      |                                  |  |                                |  |                                     |                              |
| Additional Wheelchairs (WC)   |                      |                                  |  |                                |  |                                     |                              |
| Non-WC IEP Lists Trans as Related   | Service              | :                                |  |                                |  |                                     |                              |
| TOTAL ELIGIBLE RIDERS   |                      |                                  |  |                                |  |                                     |                              |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend                                       |                      |                                  |  |                                |  |                                     |                              |
| agreement) (Include ineligible Preschool/Kinderg  |                      | ders)                            |  |                                |  |                                     |                              |
| Nonpublic School Riders (ineligible)  | idi torr rit         | 4010)                            |  |                                |  |                                     |                              |
| TOTAL RIDERS  |                      |                                  |  |                                |  |                                     |                              |
| We hereby certify that this bus wi  | ll onerat            | te entirely on                   | the route established by the                                     | Board of Tru                   | Istees and within the transport                                  | ation area assign                   | ed and approved by the       |
| County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which it     | We furth<br>us and b | ner certify that<br>ous route by | t this bus transports pupils e<br>the State Superintendent; to   | ligible for sch<br>make such r | nool transportation as defined be eports to the State Superinten | by 20-10-101, MC<br>dent and County | CA.<br>Superintendent as are |
| Superintendent; and to provide a lice<br>We also agree to refrain from soli<br>We understand that violations of | ensed, q             | ualified and a causing oth       | approved driver to operate so<br>ers to solicit students from of | uch vehicle a<br>her transport | is required by 20-10-103, MCA tation areas.                      | ı.                                  |                              |
| this bus route.  We agree that if this route crosse   |                      |                                  |  |                                |  |                                     |                              |
| the school boards of both districts sh<br>We understand route changes oc  | nall be a            | ttached to the                   | e county superintendent's co                                     | py of this doo                 | cument.  | ,                                   | ( ) , , ,                    |
| accordance with 20-10-132, MCA.  I certify that this application for r  |                      |                                  |  |                                |  |                                     |                              |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees   |                      | by and wit                       | hin the transportation ser                                       | vice area a                    | ssigned by the County Tra  | nsportation Co Date                 | mmittee.                     |
| J,  |                      |                                  |  |                                |  |                                     |                              |
| County T This Application for Registration area assigned to it by the Count                                     | of Sch               | nool Bus an                      | d State Reimbursement I  |                                | accordance with Section eviewed and I certify that the           |                                     |                              |
| Signature - Chair, County Transporta  | -                    |                                  | Johnninge.   |                                |  | Date                                |                              |
|   |                      |                                  |  |                                |  | 1                                   |                              |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 Legal Entity Number County Name County Number District Name Missoula Co Public Schls 0583 0584 Missoula Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage **SE50** 20 45 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 2040 1926 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda   | ince with Title 20,   | Chapter 10, Part 1, MCA                 | . School dis           | strict official must comple                  | te one form for e    | ach bus route that          |
|--|-----------------------|---|------------------------|--|----------------------|-----------------------------|
| receives state reimbursement e   |                       |   |                        |  |                      | Rate Per Mile               |
| Due Date<br>All Routes   |                       |   | ounty Supt             | t To OPI<br>October 15                       |                      | \$0.95                      |
| All Routes   | )                     | Ocio                                    | bei i                  | October 13                                   |                      | φ0.93                       |
| County Name  |                       | County Number                           | District               | Name   |                      | Legal Entity Number         |
| Missoula   |                       | 32                                      |                        | ula Co Public Schls                          |                      | 0583 0584                   |
| Route #  | Length of Route       | (miles per day)                         | Type of                | Service □ Bus Route □ Non Bus M              | 3 -                  | Rated Capacity              |
| 16SP   | 45                    |   | Bus R                  | toute Mileage                                | meage                | 20                          |
| Vehicle I.D. #   | License #             |   |                        | Owned  | Contractor (         |                             |
| 2040   | 1926                  |   |                        | ct - If so, Name of Owner cted rate per mile | Beach Tran           | sportation<br>——            |
| Reimbursement Distribution- Er   | nter the legal entity |   |                        |  | e paid to each dis   | strict. Note: Percentages   |
| Legal Entity   | Legal Enti            |   | atch budget<br>Legal E |  | Legal Entit          | ty .                        |
| 0584   |                       |   |                        |  |                      |                             |
| % 100.00   | %                     |   | %                      |  | %                    |                             |
| PASSENGER INFORMATION  | 70                    |   | 70                     |  | 70                   |                             |
| Number of Preschool/Kindergar  | ten pupils            | ELEMENTARY RIDE<br>(Grades PK-8)        | RS                     | HIGH SCHOOL<br>(Grades 9                     |                      | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  |                       | (====================================== |                        | (3.33333                                     | /                    |                             |
|  |                       | a                                       |                        | b  | _                    | C .                         |
| Regular (include eligible Preschool/l  | Kindergarten          | NUMBER                                  |                        | NUMBE  | R                    | a + b                       |
| riders) 1st Wheelchair (WC)  |                       |   |                        |  |                      |                             |
| 2nd Wheelchair (WC)  |                       |   |                        |  |                      |                             |
| Additional Wheelchairs (WC)  |                       |   |                        |  |                      |                             |
| Non-WC IEP Lists Trans as Related  | l Service             |   |                        |  |                      |                             |
| TOTAL ELIGIBLE RIDERS  |                       |   |                        |  |                      |                             |
| Ineligible Public School Riders (i.e.,   | under 3               |   |                        |  |                      |                             |
| miles OR nonresident and no attendagreement)   |                       |   |                        |  |                      |                             |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)  |                       |   |                        |  |                      |                             |
| TOTAL RIDERS   |                       |   |                        |  |                      |                             |
| TOTAL RIDERS   |                       |   |                        |  |                      |                             |
| We hereby certify that this bus w County Transportation Committee.   |                       |   |                        |  |                      |                             |
| We agree to supervision of this b required; to provide a vehicle which   | ous and bus route by  | the State Superintendent; to            | make such r            | eports to the State Superinte                | endent and County    | Superintendent as are       |
| Superintendent; and to provide a lice We also agree to refrain from sol  | ensed, qualified and  | approved driver to operate s            | uch vehicle a          | s required by 20-10-103, MC                  |                      |                             |
| We understand that violations of this bus route.   |                       |   |                        |  | thholding of state a | nd county reimbursement for |
| We agree that if this route crosse the school boards of both districts sl  |                       |   |                        |  | etween Boards, 20-   | 10-126(2) MCA, signed by    |
| We understand route changes of accordance with 20-10-132, MCA.   |                       |   |                        |  | the County Transpo   | ortation Committee in       |
| I certify that this application for  |                       |   |                        |  |                      |                             |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date |                       |   |                        |  |                      |                             |
|  | Transportation 0      | ommittee Annuaval                       | oguired i              | accordance with Contin                       | n 20 40 422 840      | ` <u> </u>                  |
| This Application for Registration area assigned to it by the Coun  | n of School Bus ar    |   |                        |  |                      |                             |
| Signature - Chair, County Transport  |                       | Committee.                              |                        |  | Date                 |                             |
|  |                       |   |                        |  | 1                    |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in                                 | accordance with Tit       | tle 20, C | Chapter 10, Part 1, MCA                                      | A. School d           | strict official                  | must complete of   | one form for ea    | ach bus route that          |
|--|---------------------------|-----------|--|-----------------------|----------------------------------|--|--------------------|-----------------------------|
|  |                           |           | ortees of another legal e                                    |                       |                                  |  |                    | Rate Per Mile               |
|  | ue Dates:                 |           |  | ounty Sup             | t                                | To OPI   |                    |                             |
| AI   | Il Routes                 |           |  | ober 1                |                                  | October 15   |                    | \$0.95                      |
| County Name  |                           |           | County Number  | District              | Name                             |  |                    | Legal Entity Number         |
| Missoula   | Missoula 32               |           |  |                       | ula Co Pu                        | ublic Schls  |                    | 0583 0584                   |
| Route #  | Length of                 | Route     | (miles per day)  | Type o                |                                  | <ul><li>☐ Bus Route Mil</li><li>☐ Non Bus Mile</li></ul> | U                  | Rated Capacity              |
| 10sp   | 45                        |           |  | Bus F                 | Route Mile                       |  | age                | 20                          |
| Vehicle I.D. #   | Lice                      | nse#      |  | □ Distric             |                                  |  | Contractor C       |                             |
| 5748   | 565                       | 3         |  |                       | act - If so, Na<br>acted rate pe | ame of Owner E<br>er mile                                | Beach Fran         | sportation<br>——            |
| Reimbursement Distrib                                    | ution- Enter the lega     | al entity |  |                       |                                  | irsement to be pa  | aid to each dis    | strict. Note: Percentages   |
| Legal Entity   | Leg                       | al Entity |  | atch budge<br>Legal E |                                  |  | Legal Entit        | у                           |
| 0583   |                           |           |  |                       | -                                |  |                    |                             |
| 0/ 100.00  | 0                         | ·/        |  | 0/                    |                                  |  | 0/                 |                             |
| % 100.00 PASSENGER INFORM                                |                           | <u>//</u> |  | %                     |                                  |  | %                  |                             |
|  |                           |           | ELEMENTARY RIDE  | ERS                   | HI                               | GH SCHOOL RI   |                    | TOTAL<br>ELIGIBLE RIDERS    |
| Number of Preschool/K riding this route                  | inderganen pupiis         |           | (Grades PK-8)  |                       |                                  | (Grades 9-12   | )                  | ELIGIBLE KIDEKS             |
|  |                           |           | a  |                       |                                  | b  |                    | С                           |
| Regular (include eligible P                              | reschool/Kindergarten     |           | NUMBER   |                       |                                  | NUMBER   |                    | a + b                       |
| riders)  1st Wheelchair (WC)                             |                           |           |  |                       |                                  |  |                    |                             |
| 2nd Wheelchair (WC)                                      |                           |           |  |                       |                                  |  |                    |                             |
| Additional Wheelchairs (W                                | (C)                       |           |  |                       |                                  |  |                    |                             |
| Non-WC IEP Lists Trans a                                 |                           |           |  |                       |                                  |  |                    |                             |
|  |                           |           |  |                       |                                  |  |                    |                             |
| TOTAL ELIGIBLE RID                                       | ERS                       |           |  |                       |                                  |  |                    |                             |
| Ineligible Public School Rid<br>miles OR nonresident and |                           |           |  |                       |                                  |  |                    |                             |
| agreement) (Include ineligible Prescho                   | ol/Kindergarten riders)   |           |  |                       |                                  |  |                    |                             |
| Nonpublic School Riders (i                               | ineligible)               |           |  |                       |                                  |  |                    |                             |
| TOTAL RIDERS   |                           |           |  |                       |                                  |  |                    |                             |
| We hereby certify that t                                 | his bus will operate en   | tirely on | the route established by the                                 | e Board of Tr         | ustees and wi                    | thin the transportat                                     | ion area assigne   | ed and approved by the      |
| We agree to supervision                                  | n of this bus and bus re  | oute by t | t this bus transports pupils on the State Superintendent; to | make such             | reports to the                   | State Superintende                                       | ent and County S   | Superintendent as are       |
|  |                           |           | standards as established by approved driver to operate s     |                       |                                  |  | Highway Patrol     | and the State               |
|  |                           |           | ers to solicit students from culations governing school to   |                       |                                  | ent cause for withh                                      | olding of state a  | nd county reimbursement for |
| this bus route.  | ,                         | Ū         | ansports students from outs                                  | •                     |                                  |  | · ·                | •                           |
| the school boards of both                                | districts shall be attach | ed to the | e county superintendent's co                                 | opy of this do        | cument.                          | Ü  | ,                  | ( ) , , ,                   |
| accordance with 20-10-132 I certify that this applica    | 2, MCA.                   |           |  |                       |                                  |  |                    |                             |
| bus operates on the rou                                  | ute as approved by        |           | nin the transportation se                                    |                       |                                  |  | sportation Cor     |                             |
| Signature - Chair, Board o                               | t Irustees                |           |  |                       |                                  |  | Date               |                             |
|  | County Transporta         | tion Co   | ommittee Approval as   | required in           | accordanc                        | e with Section 2   | l<br>20-10-132, MC | <b>;A</b> .                 |
|  | gistration of School      | Bus and   | d State Reimbursement  |                       |                                  |  |                    | within the transportation   |
| Signature - Chair, County                                |                           |           |  |                       |                                  |  | Date               |                             |
|  |                           |           |  |                       |                                  |  | l                  |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement evaluations.   |                  |                                |                        |   |                             |                          |  |  |
|---|------------------|--------------------------------|------------------------|---|-----------------------------|--------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |                  |                                | County Sup             | t To OPI<br>October 15  |                             | Rate Per Mile<br>\$0.95  |  |  |
| County Name   |                  | County Number                  | District               | Name  |                             | Legal Entity Number      |  |  |
| Missoula  |                  |                                |                        | ula Co Public Schls   |                             | 0583 0584                |  |  |
| Route #   | Length of Ro     | ute (miles per day)            | Type o                 | f Service ☐ Bus Route Mi<br>☐ Non Bus Mile                                | 5 -                         | Rated Capacity           |  |  |
| 11sp  | ,,               | ·                              | Route Mileage          |   | 20                          |                          |  |  |
| Vehicle I.D. # 5749   | License 9741     | #                              |                        | t Owned (<br>ct - If so, Name of Owner   I<br>cted rate per mile          | Contractor C<br>Beach Trans |                          |  |  |
| Reimbursement Distribution- En  | ter the legal er |                                | age of state/co        | unty reimbursement to be p  | aid to each dis             | trict. Note: Percentages |  |  |
| Legal Entity  | Legal E          |                                | match budge<br>Legal E |   | Legal Entit                 | y                        |  |  |
| 0583  |                  |                                |                        |   |                             |                          |  |  |
| % 100.00  | %                |                                | %                      |   | %                           |                          |  |  |
| PASSENGER INFORMATION   |                  |                                |                        |   |                             | T0T11                    |  |  |
| Number of Preschool/Kindergard riding this route  | ten pupils       | ELEMENTARY RII<br>(Grades PK-8 |                        | HIGH SCHOOL RI<br>(Grades 9-12  |                             | TOTAL<br>ELIGIBLE RIDERS |  |  |
|   |                  | а                              |                        | b   |                             | C                        |  |  |
| Regular (include eligible Preschool/k   | Kindergarten     | NUMBER                         |                        | NUMBER  |                             | a + b                    |  |  |
| riders) 1st Wheelchair (WC)   |                  |                                |                        |   |                             |                          |  |  |
| 2nd Wheelchair (WC)   |                  |                                |                        |   |                             |                          |  |  |
| Additional Wheelchairs (WC)   |                  |                                |                        |   |                             |                          |  |  |
| Non-WC IEP Lists Trans as Related   | Service          |                                |                        |   |                             |                          |  |  |
| TOTAL ELIGIBLE RIDERS   |                  |                                |                        |   |                             |                          |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance             |                                |                        |   |                             |                          |  |  |
| TOTAL RIDERS  |                  |                                |                        |   |                             |                          |  |  |
| TOTAL RIBERO  |                  |                                |                        |   |                             |                          |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                  |                                |                        |   |                             |                          |  |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                  |                                |                        |   |                             |                          |  |  |
| Signature - Chair, Board of Trustees  |                  |                                |                        | <u> </u>  | Date                        |                          |  |  |
| County T This Application for Registration area assigned to it by the Count   | of School Bus    | and State Reimburseme          |                        | accordance with Section accordance with Section accordance with Section 2 |                             |                          |  |  |
| Signature - Chair, County Transporta  |                  |                                |                        |   | Date                        |                          |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar  | nce with Title                        | 20 Chanter 10 Part 1        | MCA        | School dis           | strict official must                      | complete o     | ne form for e   | ach hus route that          |
|--|---------------------------------------|-----------------------------|------------|----------------------|---|----------------|-----------------|-----------------------------|
| receives state reimbursement ev  |                                       |                             |            |                      |   | - Jpioto 01    |                 |                             |
| Due Dates  | :                                     |                             | To Co      | inty Supt            | то О                                      | PI             |                 | Rate Per Mile               |
| All Routes   |                                       |                             | Octobe     |                      |   | ber 15         |                 | \$0.95                      |
| County Name  |                                       | County Number               |            | District             | Name                                      |                |                 | Legal Entity Number         |
| Missoula   |                                       | 32                          |            | Misso                | ula Co Public                             | Schls          |                 | 0583 0584                   |
| Route #  | Length of Ro                          | oute (miles per day)        |            |                      | Service   Bus                             | Route Mile     | U               | Rated Capacity              |
| SE53   | 45                                    |                             |            | Rus R                | □ Nor<br>oute Mileage                     | n Bus Milea    | ge              | 20                          |
| Vehicle I.D. #   | License                               | e #                         |            | ☐ District           |   | C              | ontractor C     |                             |
| 5919   | 1923                                  |                             |            |                      | ct - If so, Name of<br>cted rate per mile | Owner B        | each Tran       | sportation                  |
| Reimbursement Distribution- Ent  | ter the legal e                       |                             |            |                      |   | ent to be pai  | d to each dis   | trict. Note: Percentages    |
| Legal Entity   | Legal                                 |                             | ust mate   | ch budget<br>Legal E |   |                | Legal Entit     | v                           |
| 0583   | ŭ                                     | ,                           |            | J                    | ,   |                | J               |                             |
|  |                                       |                             |            |                      |   |                |                 |                             |
| % 100.00   | %                                     |                             |            | %                    |   |                | %               |                             |
| PASSENGER INFORMATION  | T                                     | ELEMENTARY                  | RIDER      | S                    | HIGH SC                                   | CHOOL RID      | ERS             | TOTAL                       |
| Number of Preschool/Kindergart   | en pupils                             | (Grades P                   | K-8)       |                      | (Gr                                       | ades 9-12)     |                 | ELIGIBLE RIDERS             |
| naing this route   |                                       |                             |            |                      |   |                |                 |                             |
|  |                                       | a<br>NUMBE                  | :R         |                      |   | b<br>IUMBER    |                 | c<br>a + b                  |
| Regular (include eligible Preschool/K  | indergarten                           |                             |            |                      |   |                |                 |                             |
| riders) 1st Wheelchair (WC)  |                                       |                             |            |                      |   |                |                 |                             |
| 2nd Wheelchair (WC)  |                                       |                             |            |                      |   |                |                 |                             |
| Additional Wheelchairs (WC)  |                                       |                             |            |                      |   |                |                 |                             |
| Non-WC IEP Lists Trans as Related \$   | Service                               |                             |            |                      |   |                |                 |                             |
| TOTAL ELIGIBLE RIDERS  |                                       |                             |            |                      |   |                |                 |                             |
|  |                                       |                             |            |                      |   |                |                 |                             |
| Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda       |                                       |                             |            |                      |   |                |                 |                             |
| agreement) (Include ineligible Preschool/Kinderga                                  | arten riders)                         |                             |            |                      |   |                |                 |                             |
| Nonpublic School Riders (ineligible)   |                                       |                             |            |                      |   |                |                 |                             |
| TOTAL RIDERS   |                                       |                             |            |                      |   |                |                 |                             |
| We hereby certify that this bus will County Transportation Committee. V            |                                       |                             |            |                      |   |                |                 |                             |
| We agree to supervision of this bu   | us and bus rout                       | e by the State Superintend  | dent; to m | ake such r           | eports to the State S                     | Superintender  | it and County S | Superintendent as are       |
| required; to provide a vehicle which n<br>Superintendent; and to provide a lice    |                                       |                             |            |                      |   |                | ighway Patrol a | and the State               |
| We also agree to refrain from solid<br>We understand that violations of the        |                                       |                             |            |                      |   | se for withhol | ding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosses                               | s district lines a                    | nd transports students from | m outside  | the district         | a copy of the agree                       | ement betwee   | en Boards 20-   | 10-126(2) MCA_signed by     |
| the school boards of both districts sha<br>We understand route changes occ         | all be attached                       | to the county superintende  | ent's copy | of this doo          | cument.                                   |                |                 | , , , , ,                   |
| accordance with 20-10-132, MCA.  |                                       |                             |            |                      |   |                | , ,             |                             |
| I certify that this application for rebus operates on the route as app             |                                       |                             |            |                      |   |                |                 |                             |
| Signature - Chair, Board of Trustees   | · · · · · · · · · · · · · · · · · · · | ,                           |            |                      |   |                | Date            |                             |
|  |                                       | <u></u>                     |            |                      |   |                |                 |                             |
| County T<br>This Application for Registration<br>area assigned to it by the County | of School Bu                          |                             |            |                      |   |                |                 |                             |
| Signature - Chair, County Transporta   |                                       |                             |            |                      |   |                | Date            |                             |
|  |                                       |                             |            |                      |   |                |                 |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |  |   |  |  |  |   | one form for e   | ach bus route that                     |
|--|--|---|--|--|--|---|--|--|
|  |  | agii tianspo  | · ·  | , ,  |  |   |  | Rate Per Mile                          |
| <b>Due Dates</b><br>All Routes   |  |   | To Co<br>Octo  | ounty Supt<br>ber 1  |  | <b>To OPI</b><br>October 15   |  | \$0.95                                 |
| County Name  |  |   | County Number  | District   | Name   |   |  | Legal Entity Number                    |
| Missoula   |  |   | 32   | Misso  | ula Co Pul   | olic Schls  |  | 0583 0584                              |
| Route #  |  |   |  |  | Service  | Bus Route Mil   |  | Rated Capacity                         |
| 3SP  |  | Bus R   | oute Milea   | Non Bus Milea  | age  | 20  |  |  |
| Vehicle I.D. #   |  | -   | Owned  |  | Contractor (   | Dwned   |  |  |
| 5919   | 1  | 1923  |  |  | ct - If so, Nar<br>cted rate per   | ne of Owner E   | Beach Tran   | sportation<br>—                        |
| Reimbursement Distribution- Er   | nter the I   | egal entity   |  | of state/co  |  | sement to be pa   | aid to each dis  | strict. Note: Percentages              |
| Legal Entity   | L  | _egal Entity  |  | Legal E  |  |   | Legal Entit  | у                                      |
| 0584   |  |   |  |  |  |   |  |  |
| % 100.00   |  | %   |  | %  |  |   | %  |  |
| PASSENGER INFORMATION  |  |   |  |  |  |   |  |  |
| Number of Preschool/Kindergar  | ten pupi   | ils   | ELEMENTARY RIDE<br>(Grades PK-8)   | RS   | HIG  | H SCHOOL RII<br>(Grades 9-12)   |  | TOTAL<br>ELIGIBLE RIDERS               |
| riding this route  | <u> </u>   |   | ,  |  |  | `   |  |  |
|  |  |   | а  |  |  | b   |  | C                                      |
| Regular (include eligible Preschool/h  | Kindergar  | ten   | NUMBER   |  |  | NUMBER  |  | a + b                                  |
| riders) 1st Wheelchair (WC)  |  |   |  |  |  |   |  |  |
| 2nd Wheelchair (WC)  |  |   |  |  |  |   |  |  |
| Additional Wheelchairs (WC)  |  |   |  |  |  |   |  |  |
| Non-WC IEP Lists Trans as Related  | Service  |   |  |  |  |   |  |  |
| TOTAL ELIGIBLE RIDERS  |  |   |  |  |  |   |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |  |   |  |  |  |   |  |  |
| agreement) (Include ineligible Preschool/Kinderc   |  | ers)  |  |  |  |   |  |  |
| Nonpublic School Riders (ineligible)   |  |   |  |  |  |   |  |  |
| TOTAL RIDERS   |  |   |  |  |  |   |  |  |
| We hereby certify that this bus wi<br>County Transportation Committee. 'We agree to supervision of this b<br>required; to provide a vehicle which<br>Superintendent; and to provide a lice<br>We also agree to refrain from sol<br>We understand that violations of<br>this bus route.<br>We agree that if this route crosse | We furthed by and by meets the ensed, quiciting or other laws, | er certify that<br>us route by the<br>e minimum se<br>ualified and a<br>causing othe<br>rules or regu | this bus transports pupils e<br>he State Superintendent; to<br>tandards as established by<br>approved driver to operate s<br>errs to solicit students from or<br>ulations governing school tra | ligible for sch<br>make such re<br>the Board of<br>uch vehicle a<br>ther transport<br>ansportation | nool transportate ports to the SP Public Education required by 2 tation areas. | ion as defined by<br>tate Superintende<br>on, the Montana I<br>20-10-103, MCA.<br>It cause for withho | 20-10-101, MC<br>ant and County s<br>Highway Patrol a<br>olding of state a | A. Superintendent as are and the State |
| the school boards of both districts shade understand route changes of accordance with 20-10-132, MCA.  | nall be attaccurring d   | tached to the<br>luring the sch   | county superintendent's co<br>nool year require the filing o   | py of this doo<br>f an amended   | cument.<br>d TR-1 form an  | d approval of the   | County Transpo   | ortation Committee in                  |
| I certify that this application for r<br>bus operates on the route as ap   |  |   |  |  |  |   |  |  |
| Signature - Chair, Board of Trustees   |  |   | ,  |  | -  | •   | Date   |  |
| County 1   | Franspo  | rtation Co  | mmittee Approval as r  | equired in   | accordance   | with Section 2  | 0-10-132. MC   | <b></b>                                |
| This Application for Registration area assigned to it by the Count   | of School<br>ty Trans  | ool Bus and<br>portation C  | d State Reimbursement I  |  |  |   |  |  |
| Signature - Chair, County Transport  | ation Con  | nmittee   |  |  |  |   | Date   |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordant receives state reimbursement ex  | nce with Title     | 20, Chapter 10, Part 1, MC      | CA. School dis                  | strict official must complete                           | one form for e     | ach bus route that          |
|---|--------------------|---------------------------------|---------------------------------|---|--------------------|-----------------------------|
|   | _                  | _                               |                                 |   |                    | Rate Per Mile               |
| <b>Due Dates</b><br>All Routes  | ) <b>:</b>         |                                 | County Supt<br>ctober 1         | t To OPI<br>October 15                                  |                    | \$0.95                      |
| County Name   |                    | County Number                   | District                        | Name  |                    | Legal Entity Number         |
| Missoula  |                    | 32                              | Misso                           | ula Co Public Schls                                     |                    | 0583 0584                   |
| Route #   | Length of R        | oute (miles per day)            | Type of                         | f Service   Bus Route M                                 |                    | Rated Capacity              |
| 12sp  | 45                 |                                 | Bus R                           | □ Non Bus Mile<br>Route Mileage                         | eage               | 20                          |
| Vehicle I.D. #  | Licens             | e #                             | □ District                      |   | Contractor (       |                             |
| 5925  | 1922               |                                 | □ Contra                        | ct - If so, Name of Owner octed rate per mile           |                    |                             |
| Reimbursement Distribution- En  | ter the legal      |                                 | age of state/co<br>match budget |   | paid to each dis   | strict. Note: Percentages   |
| Legal Entity<br>0583  | Legal              | Entity                          | Legal E                         |   | Legal Entit        | ty                          |
| 0363  |                    |                                 |                                 |   |                    |                             |
| % 100.00  | %                  |                                 | %                               |   | %                  |                             |
| PASSENGER INFORMATION   |                    | ELEMENTARY RII                  | DEDE                            | HIGH SCHOOL R   | IDEDE              | TOTAL                       |
| Number of Preschool/Kindergart  | en pupils          | (Grades PK-8                    |                                 | (Grades 9-12  |                    | ELIGIBLE RIDERS             |
| riding this route   |                    |                                 |                                 |   |                    |                             |
|   |                    | a<br>NUMBER                     |                                 | b<br>NUMBER   |                    | c<br>a+b                    |
| Regular (include eligible Preschool/K   | (indergarten       | NOWIDER                         |                                 | NOWBER  |                    | a + b                       |
| riders) 1st Wheelchair (WC)   |                    |                                 |                                 |   |                    |                             |
| 2nd Wheelchair (WC)   |                    |                                 |                                 |   |                    |                             |
| Additional Wheelchairs (WC)   |                    |                                 |                                 |   |                    |                             |
| Non-WC IEP Lists Trans as Related   | Service            |                                 |                                 |   |                    |                             |
| TOTAL ELIGIBLE RIDERS   |                    |                                 |                                 |   |                    |                             |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda                                 |                    |                                 |                                 |   |                    |                             |
| agreement) (Include ineligible Preschool/Kinderg  |                    |                                 |                                 |   |                    |                             |
| Nonpublic School Riders (ineligible)  |                    |                                 |                                 |   |                    |                             |
| TOTAL RIDERS  |                    |                                 |                                 |   |                    |                             |
| We hereby certify that this bus wil   |                    |                                 |                                 |   |                    |                             |
| County Transportation Committee. We agree to supervision of this but  |                    |                                 |                                 |   |                    |                             |
| required; to provide a vehicle which r<br>Superintendent; and to provide a lice                             |                    |                                 |                                 |   |                    | and the State               |
| We also agree to refrain from soli<br>We understand that violations of t                                    |                    |                                 |                                 |   | nolding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosses  | s district lines a | and transports students from ou | utside the distric              | t, a copy of the agreement betw                         | veen Boards, 20-   | 10-126(2) MCA, signed by    |
| the school boards of both districts sh<br>We understand route changes oc<br>accordance with 20-10-132, MCA. |                    |                                 |                                 |   | e County Transpo   | ortation Committee in       |
| I certify that this application for rubus operates on the route as ap                                       |                    |                                 |                                 |   |                    |                             |
| Signature - Chair, Board of Trustees  | p. 0100 by all     | a main are adhoportation        | 2011100 0100 0                  | accignod by the county Hal                              | Date               |                             |
|   |                    |                                 |                                 |   |                    |                             |
| County T This Application for Registration area assigned to it by the Count                                 | of School Bu       | is and State Reimburseme        |                                 | accordance with Section eviewed and I certify that this |                    |                             |
| Signature - Chair, County Transporta  |                    |                                 |                                 |   | Date               |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |             |             |                                 |                      |                              |                                  | ne form for ea | ach bus route that        |
|--|-------------|-------------|---------------------------------|----------------------|------------------------------|----------------------------------|----------------|---------------------------|
| <b>Due Date</b><br>All Routes  |             |             |                                 | County Sup<br>ober 1 |                              | OPI<br>ctober 15                 |                | Rate Per Mile<br>\$0.95   |
| County Name  |             |             | County Number                   | District             | Name                         |                                  |                | Legal Entity Number       |
| Missoula   |             |             | 32                              | Misso                | ula Co Publi                 | c Schls                          |                | 0583 0584                 |
| Route # Length of Route (miles per day)  |             |             |                                 | Type o               | f Service                    | Bus Route Milea<br>Ion Bus Milea | U              | Rated Capacity            |
| SE54   |             |             |                                 |                      | Route Mileag                 |                                  | ge             | 20                        |
| Vehicle I.D. #   | Lic         | cense #     |                                 | □ Distric            | t Owned<br>ict - If so, Name | _                                | ontractor (    |                           |
| 5931   |             | 925         |                                 | □ Contra             | cted rate per m              | ile                              |                | <u> </u>                  |
| Reimbursement Distribution- Er   | nter the le | egal entity |                                 | e of state/co        |                              | ment to be pa                    | id to each dis | strict. Note: Percentages |
| Legal Entity<br>0583   |             |             |                                 | Legal E              |                              |                                  | Legal Entit    | у                         |
| % 100.00   |             | %           |                                 |                      | %                            |                                  |                |                           |
| PASSENGER INFORMATION  |             | 1           |                                 |                      | 1 111011                     | 2011201 515                      |                |                           |
| Number of Preschool/Kindergar riding this route  | ten pupils  | s           | ELEMENTARY RID<br>(Grades PK-8) | ERS                  | _                            | SCHOOL RIE<br>Grades 9-12)       |                | TOTAL<br>ELIGIBLE RIDERS  |
|  |             |             | a                               |                      | b<br>NI IMBER                |                                  |                | C                         |
| Regular (include eligible Preschool/h  | Kindergarte | en          | NUMBER                          | BER NUMBER           |                              |                                  |                | a + b                     |
| riders) 1st Wheelchair (WC)  |             |             |                                 |                      |                              |                                  |                |                           |
| 2nd Wheelchair (WC)  |             |             |                                 |                      |                              |                                  |                |                           |
| Additional Wheelchairs (WC)  |             |             |                                 |                      |                              |                                  |                |                           |
| Non-WC IEP Lists Trans as Related  | Service     |             |                                 |                      |                              |                                  |                |                           |
| TOTAL ELIGIBLE RIDERS  |             |             |                                 |                      |                              |                                  |                |                           |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |             |             |                                 |                      |                              |                                  |                |                           |
| agreement) (Include ineligible Preschool/Kinderg   |             | rs)         |                                 |                      |                              |                                  |                |                           |
| Nonpublic School Riders (ineligible)   |             |             |                                 |                      |                              |                                  |                |                           |
| TOTAL RIDERS   |             |             |                                 |                      |                              |                                  |                |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |             |             |                                 |                      |                              |                                  |                |                           |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.   |             |             |                                 |                      |                              |                                  |                |                           |
| Signature - Chair, Board of Trustees   |             |             | ·                               |                      | · ·                          |                                  | Date           |                           |
| County 1 This Application for Registration area assigned to it by the County   | of School   | ol Bus and  |                                 |                      |                              |                                  |                |                           |
| Signature - Chair, County Transport  |             |             |                                 |                      |                              |                                  | Date           |                           |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement events.  |                             |              |                        |   |                                   | lete one form for e | each bus route that       |  |  |
|---|-----------------------------|--------------|------------------------|---|-----------------------------------|---------------------|---------------------------|--|--|
| Due Dates   |                             | ign transp   | •                      | ounty Sup   |                                   |                     | Rate Per Mile             |  |  |
| All Routes  |                             |              |                        | ber 1   | October 1                         | 5                   | \$0.95                    |  |  |
| County Name   |                             |              | County Number          | District  | Name                              |                     | Legal Entity Number       |  |  |
| Missoula  |                             |              | 32                     |   | oula Co Public Schl               |                     | 0583 0584                 |  |  |
| Route #   | Length                      | of Route     | (miles per day)        | Type o  | f Service □ Bus Rout<br>□ Non Bus | U                   | Rated Capacity            |  |  |
| 27SP  | 45                          |              |                        |   | Route Mileage                     |                     | 20                        |  |  |
| Vehicle I.D. # 7065   |                             | icense # 924 |                        | <ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li> </ul> |                                   |                     |                           |  |  |
| Reimbursement Distribution- En  | nter the le                 | egal entity  |                        | e of state/co   | ounty reimbursement to            | be paid to each di  | strict. Note: Percentages |  |  |
| Legal Entity  | L                           | egal Entit   |                        | atch budge<br>Legal E   |                                   | Legal Enti          | ty                        |  |  |
| 0583  |                             |              |                        |   | -                                 |                     |                           |  |  |
| % 100.00  |                             | %            |                        | %   |                                   | %                   |                           |  |  |
| PASSENGER INFORMATION   |                             |              | ELEMENTARY RIDE        | De  | HIGH SCHOO                        | N DIDEDE            | TOTAL                     |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupil                   | ls           | (Grades PK-8)          | :KS   | (Grades                           |                     | ELIGIBLE RIDERS           |  |  |
|   | a<br>NUMBER                 |              |                        | b<br>NUMB   | IFD.                              | c<br>a + b          |                           |  |  |
| Regular (include eligible Preschool/Kindergarten  |                             |              | NUMBER                 |   | INOIVIE                           | DER                 | a + b                     |  |  |
| 1st Wheelchair (WC)   | riders) 1st Wheelchair (WC) |              |                        |   |                                   |                     |                           |  |  |
| 2nd Wheelchair (WC)   |                             |              |                        |   |                                   |                     |                           |  |  |
| Additional Wheelchairs (WC)   |                             |              |                        |   |                                   |                     |                           |  |  |
| Non-WC IEP Lists Trans as Related   | Service                     |              |                        |   |                                   |                     |                           |  |  |
| TOTAL ELIGIBLE RIDERS   |                             |              |                        |   |                                   |                     |                           |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                             |              |                        |   |                                   |                     |                           |  |  |
| agreement) (Include ineligible Preschool/Kinderg  | garten ride                 | ers)         |                        |   |                                   |                     |                           |  |  |
| Nonpublic School Riders (ineligible)  |                             |              |                        |   |                                   |                     |                           |  |  |
| TOTAL RIDERS  |                             |              |                        |   |                                   |                     |                           |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                             |              |                        |   |                                   |                     |                           |  |  |
| County T This Application for Registration  |                             |              | ommittee Approval as i |   |                                   |                     |                           |  |  |
| area assigned to it by the Count Signature - Chair, County Transporta   | ty Transp                   | portation (  |                        | IIIO DECITIO  | oviewed and receinly the          |                     | 5 wann the transportation |  |  |
| Signature - Chair, County Transport   | auon Com                    | minuee       |                        |   |                                   | Date                |                           |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                          |                  |                                 |                |                    |  | ete one form for e | each bus route that       |  |
|---|--------------------------|------------------|---------------------------------|----------------|--------------------|--|--------------------|---------------------------|--|
| <b>Due Dates</b><br>All Routes  |                          |                  |                                 | Count<br>tober | ty Supt            | To OPI October 15                                  | j                  | Rate Per Mile<br>\$0.95   |  |
| County Name   |                          |                  | County Number                   | I              | District           | Name   |                    | Legal Entity Number       |  |
| Missoula  |                          |                  | 32                              |                | Misso              | ula Co Public Schls                                | <b>;</b>           | 0583 0584                 |  |
| Route #   | Length of                | Route            | (miles per day)                 |                |                    | Service   Bus Route                                | e Mileage          | Rated Capacity            |  |
| 9sp   | 45                       |                  |                                 |                | Bus R              | □ Non Bus I<br>oute Mileage                        | Mileage            | 27                        |  |
| Vehicle I.D. #  | Lice                     | nse #            |                                 |                |                    | Owned  | Contractor         | Owned                     |  |
| 2056  | 192                      |                  |                                 |                | Contra             | ct - If so, Name of Owne<br>cted rate per mile     |                    | ·                         |  |
| Reimbursement Distribution- Er  | iter the lega            | al entity        |                                 |                | state/co<br>budget |  | e paid to each di  | strict. Note: Percentages |  |
| Legal Entity<br>0583  | Leg                      | al Entity        |                                 |                | Legal E            |  | Legal Ent          | ity                       |  |
| % 100.00  | 0                        | %                |                                 |                | %                  |  | <u></u> %          |                           |  |
| PASSENGER INFORMATION   |                          | 70               |                                 |                | 70                 |  | 70                 |                           |  |
| Number of Preschool/Kindergar riding this route   | ten pupils               |                  | ELEMENTARY RID<br>(Grades PK-8) |                |                    | HIGH SCHOO<br>(Grades 9                            |                    | TOTAL<br>ELIGIBLE RIDERS  |  |
|   |                          |                  | a<br>NUMBER                     |                |                    | b<br>NUMBI   | ER                 | c<br>a + b                |  |
| riders)   |                          |                  | -                               |                |                    |  |                    |                           |  |
| 1st Wheelchair (WC)   |                          |                  |                                 |                |                    |  |                    |                           |  |
| 2nd Wheelchair (WC)   |                          |                  |                                 |                |                    |  |                    |                           |  |
| Additional Wheelchairs (WC)   |                          |                  |                                 |                |                    |  |                    |                           |  |
| Non-WC IEP Lists Trans as Related   | Service                  |                  |                                 |                |                    |  |                    |                           |  |
| TOTAL ELIGIBLE RIDERS   |                          |                  |                                 |                |                    |  |                    |                           |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)  | ance                     |                  |                                 |                |                    |  |                    |                           |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | jarten riders)           | )                |                                 |                |                    |  |                    |                           |  |
| TOTAL RIDERS  |                          |                  |                                 |                |                    |  |                    |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                          |                  |                                 |                |                    |  |                    |                           |  |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees   |                          | and with         | nin the transportation s        | ervice         | e area a           | ssigned by the County                              | Transportation Co  | ommittee.                 |  |
|   |                          |                  |                                 |                |                    |  |                    |                           |  |
| This Application for Registration area assigned to it by the Count  | of School<br>ty Transpor | Bus and tation C | d State Reimbursemen            |                |                    | accordance with Secti<br>viewed and I certify that |                    |                           |  |
| Signature - Chair, County Transporta  | ation Commit             | ttee             |                                 |                |                    |  | Date               |                           |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e  |              |             |                                   |  |                                 | 3110 101111 101 00 |                             |  |
|---|--------------|-------------|-----------------------------------|--|---------------------------------|--------------------|-----------------------------|--|
| Due Dates   | s:           |             | To Co                             | ounty Supt   | To OPI                          |                    | Rate Per Mile               |  |
| All Routes  |              |             | Octob                             | per 1  | October 15                      | ;                  | \$1.57                      |  |
| County Name   |              |             | County Number                     | District Name  | ;                               |                    | Legal Entity Number         |  |
| Missoula  |              |             | 32                                | Missoula C   | Co Public Schls                 | 0583 0584          |                             |  |
| Route #   | Length o     | of Route    | (miles per day)                   | Type of Servi  | ce ☐ Bus Route Mil              |                    | Rated Capacity              |  |
| 11sb  | 42           |             |                                   | Bus Route  | □ Non Bus Milea Mileage         | age                | 71                          |  |
| Vehicle I.D. #  | Lic          | ense #      |                                   | □ District Owne  |                                 | Contractor Owned   |                             |  |
| 8477  | 18           | 314         |                                   | <ul><li>□ Contract - If :</li><li>□ Contracted r</li></ul> | so, Name of Owner Eate per mile | Beach Trans        | sportation<br>—             |  |
| Reimbursement Distribution- En  | iter the leg | gal entity  |                                   | of state/county r  | eimbursement to be pa           | aid to each dis    | trict. Note: Percentages    |  |
| Legal Entity  | Le           | gal Entity  |                                   | Legal Entity   |                                 | Legal Entity       | y                           |  |
| 0583  |              |             |                                   |  |                                 |                    |                             |  |
| % 100.00  |              | %           |                                   | %  |                                 | %                  |                             |  |
| PASSENGER INFORMATION   |              |             | ELEMENTA DV DIDE                  | 20   | LIIOU AOUAOU DI                 | DEDO               | TOTAL                       |  |
| Number of Preschool/Kindergar   | ten pupils   | ;           | ELEMENTARY RIDEI<br>(Grades PK-8) | 3  | HIGH SCHOOL RI<br>(Grades 9-12  |                    | TOTAL<br>ELIGIBLE RIDERS    |  |
| riding this route   |              |             |                                   |  |                                 |                    |                             |  |
|   |              |             |                                   |  | b<br>NUMBER                     |                    | C                           |  |
| Regular (include eligible Preschool/h   | Kindergarte  | n           | NUMBER                            |  | NOWBER                          |                    | a + b                       |  |
| riders) 1st Wheelchair (WC)   |              |             |                                   |  |                                 |                    |                             |  |
| 2nd Wheelchair (WC)   |              |             |                                   |  |                                 |                    |                             |  |
| Additional Wheelchairs (WC)   |              |             |                                   |  |                                 |                    |                             |  |
| Non-WC IEP Lists Trans as Related   | Service      |             |                                   |  |                                 |                    |                             |  |
| TOTAL ELIGIBLE RIDERS   |              |             |                                   |  |                                 |                    |                             |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend     |              |             |                                   |  |                                 |                    |                             |  |
| agreement)  |              | 2)          |                                   |  |                                 |                    |                             |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible) | jarten nders | S)          |                                   |  |                                 |                    |                             |  |
| TOTAL RIDERS  |              |             |                                   |  |                                 |                    |                             |  |
|   |              |             |                                   |  |                                 |                    |                             |  |
| We hereby certify that this bus will County Transportation Committee.         |              |             |                                   |  |                                 |                    |                             |  |
| We agree to supervision of this b required; to provide a vehicle which        | meets the r  | minimum s   | standards as established by t     | he Board of Public   | Education, the Montana          |                    |                             |  |
| Superintendent; and to provide a lice We also agree to refrain from soli      |              |             |                                   |  |                                 |                    |                             |  |
| We understand that violations of this bus route.                              | the laws, ru | ıles or reg | ulations governing school tra     | nsportation will be  | sufficient cause for withhou    | olding of state ar | nd county reimbursement for |  |
| We agree that if this route crosse the school boards of both districts sh     |              |             | •                                 |  | , ,                             | een Boards, 20-1   | 0-126(2) MCA, signed by     |  |
| We understand route changes of accordance with 20-10-132, MCA.                |              |             |                                   |  |                                 | County Transpo     | rtation Committee in        |  |
| I certify that this application for rous operates on the route as ap          |              |             |                                   |  |                                 |                    |                             |  |
| Signature - Chair, Board of Trustees  | . ,          | ,           |                                   | 22. 200.911  | .,                              | Date               | ****                        |  |
|   | <b>.</b>     | -41 -       |                                   |  |                                 | 20.40.400.555      |                             |  |
| This Application for Registration area assigned to it by the Count            | of Schoo     | l Bus and   |                                   |  |                                 |                    |                             |  |
| Signature - Chair, County Transporta  |              |             |                                   |  |                                 | Date               |                             |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance  | ce with Title 20, (    | Chapter 10, Part 1, MCA          | . School dis           | strict official must compl                     | ete one form for e  | ach bus route that          |
|--|------------------------|----------------------------------|------------------------|--|---------------------|-----------------------------|
| receives state reimbursement eve   |                        |                                  |                        |  |                     | Rate Per Mile               |
| Due Dates:<br>All Routes   | :                      |                                  | ounty Supt             | To OPI October 1                               | <b>=</b>            | \$1.57                      |
| All Roules   |                        | Octo                             | ibei i                 | October 1:                                     | J                   | φ1.57                       |
| County Name  |                        | County Number                    | District               | Name   |                     | Legal Entity Number         |
| Missoula   |                        | 32                               | Misso                  | ula Co Public Schl                             | 3                   | 0583 0584                   |
| Route #  | Length of Route        | (miles per day)                  | Type of                | Service   Bus Rout  Non Bus                    | J                   | Rated Capacity              |
|  | 41                     |                                  | Bus R                  | oute Mileage                                   | willeage            | 71                          |
| Vehicle I.D. #   | License #              |                                  | □ District             |  | Contractor (        |                             |
| 2985   | 1821                   |                                  |                        | ct - If so, Name of Owne<br>cted rate per mile | er Beach Iran       | sportation<br>——            |
| Reimbursement Distribution- Ente   | er the legal entity    |                                  |                        |  | be paid to each dis | strict. Note: Percentages   |
| Legal Entity   | Legal Entit            |                                  | atch budget<br>Legal E |  | Legal Entit         | ty                          |
| 0583   |                        |                                  |                        |  |                     |                             |
| % 100.00   | %                      |                                  | %                      |  | %                   |                             |
| PASSENGER INFORMATION  | /0                     |                                  | 70                     |  | 70                  |                             |
| Number of Preschool/Kindergarte  | en pupils              | ELEMENTARY RIDE<br>(Grades PK-8) | RS                     | HIGH SCHOO<br>(Grades                          |                     | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  |                        | (0.00001110)                     |                        | (0.000   | · -/                |                             |
|  |                        | a                                |                        | , b  |                     | C .                         |
| Regular (include eligible Preschool/Kir  | ndergarten             | NUMBER                           |                        | NUMB   | ER                  | a + b                       |
| riders) 1st Wheelchair (WC)  |                        |                                  |                        |  |                     |                             |
| 2nd Wheelchair (WC)  |                        |                                  |                        |  |                     |                             |
| Additional Wheelchairs (WC)  |                        |                                  |                        |  |                     |                             |
| Non-WC IEP Lists Trans as Related S  | Service                |                                  |                        |  |                     |                             |
| TOTAL ELIGIBLE RIDERS  |                        |                                  |                        |  |                     |                             |
| Ineligible Public School Riders (i.e., ur                                      |                        |                                  |                        |  |                     |                             |
| miles OR nonresident and no attendar agreement)                                | nce                    |                                  |                        |  |                     |                             |
| (Include ineligible Preschool/Kinderga<br>Nonpublic School Riders (ineligible) | rten riders)           |                                  |                        |  |                     |                             |
| TOTAL RIDERS   |                        |                                  |                        |  |                     |                             |
| AMARIAN BOOK OF THE ALIBERT BOOK OF  |                        | the contract the Patrick Hard    | - Deceleta             | attack and a first the town                    |                     |                             |
| We hereby certify that this bus will County Transportation Committee. W        | e further certify tha  | t this bus transports pupils ε   | eligible for sch       | ool transportation as define                   | ed by 20-10-101, MC | Α.                          |
| We agree to supervision of this bus required; to provide a vehicle which m     | eets the minimum s     | standards as established by      | the Board of           | Public Education, the Mont                     | tana Highway Patrol |                             |
| Superintendent; and to provide a licen We also agree to refrain from solici    | iting or causing other | ers to solicit students from o   | ther transport         | ation areas.                                   |                     | nd county raimbursament for |
| We understand that violations of the this bus route.                           | ,                      |                                  | •                      |  | Ü                   | ,                           |
| We agree that if this route crosses the school boards of both districts sha    | all be attached to the | e county superintendent's co     | opy of this dod        | cument.  | ,                   | ( ) , , ,                   |
| We understand route changes occuraccordance with 20-10-132, MCA.               |                        |                                  |                        |  |                     |                             |
| I certify that this application for re<br>bus operates on the route as app     |                        |                                  |                        |  |                     |                             |
| Signature - Chair, Board of Trustees   | -                      |                                  |                        |  | Date                |                             |
| County Tr  | ansportation Co        | ommittee Approval as ı           | required in            | accordance with Sect                           | ion 20-10-132. MC   | <br>CA.                     |
| This Application for Registration of area assigned to it by the County         | of School Bus an       | d State Reimbursement            |                        |  |                     |                             |
|  | Halloudhandir          | Jornmittee.                      |                        |  |                     |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Rate Per Mile    Due Dates:  |
|--|
| County Name  County Number  District Name  Legal Entity Number  Missoula  October 15  S1.57  County Name  District Name  Legal Entity Number  Missoula Co Public Schls  O583 0584  Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Non Bus Mileage Non Bus Mileage To District Owned Contractor Owned Contractor Owned Contractor Owned Contractor Owned Contractor Owned Contracted rate per mile  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Legal Entity  Legal Entity  Legal Entity   |
| Missoula Co Public Schls 0583 0584  Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Bus Route Mileage To District Owned Contractor Owned  2186   |
| Route # Length of Route (miles per day)  12BA  40  Bus Route Mileage   Non Bus Mileage   71  Vehicle I.D. # License #   District Owned   Contractor Owned   Contractor Owned   Contract - If so, Name of Owner   Beach Transportation   Contracted rate per mile   Contracted rate per mile   Legal Entity   Legal |
| 12BA   40   Bus Route Mileage   71   |
| 12BA   40   Bus Route Mileage   71   |
| Vehicle I.D. #  2186  License #  5186  Contract Owned  Contract Owner  Contract - If so, Name of Owner Contracted rate per mile Contracted rate per mile  Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity   |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity   |
| must match budget!  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity   |
| Legal Entity Legal Entity Legal Entity Legal Entity  |
| 0584   |
|  |
| % 100.00 % %   |
| PASSENGER INFORMATION  FLEMENTARY PURERS   |
| Number of Preschool/Kindergarten pupils  |
| riding this route  |
| a b c  |
| NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten  |
| riders)  1st Wheelchair (WC)   |
| 2nd Wheelchair (WC)  |
| Additional Wheelchairs (WC)  |
| Non-WC IEP Lists Trans as Related Service  |
| TOTAL ELIGIBLE RIDERS  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance  |
| agreement)   |
| (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  |
| TOTAL RIDERS   |
| We harehy partify that this has will approxicably as the route established by the Doord of Trustees and within the transportation area estimated and approxical by the   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State  |
| Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for   |
| this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by   |
| the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in  |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the   |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date   |
|  |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  |
| Signature - Chair, County Transportation Committee.  Date  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda  | nce with Title 20,      | Chapter 10, Part 1, MCA          | A. School dis          | strict official must comple                     | te one form for e   | ach bus route that          |
|---|-------------------------|----------------------------------|------------------------|---|---------------------|-----------------------------|
| receives state reimbursement e  |                         |                                  |                        |   |                     | Rate Per Mile               |
| Due Date:<br>All Routes   |                         |                                  | ounty Supt             | t <b>To OPI</b><br>October 15                   |                     | \$1.57                      |
| All Roules  | 1                       | Ocic                             | bbei i                 | October 15                                      |                     | φ1.57                       |
| County Name   |                         | County Number                    | District               | Name  |                     | Legal Entity Number         |
| Missoula  |                         | 32                               | Misso                  | ula Co Public Schls                             |                     | 0583 0584                   |
| Route #   | Length of Route         | (miles per day)                  | Type of                | f Service □ Bus Route □ Non Bus M               | J                   | Rated Capacity              |
| 9hbcd   | 40                      |                                  | Bus R                  | Route Mileage                                   | lleage              | 71                          |
| Vehicle I.D. #  | License #               |                                  | □ District             |   | Contractor (        |                             |
| 3945  | 9655                    |                                  |                        | ct - If so, Name of Owner<br>cted rate per mile | Beach Iran          | sportation<br>——            |
| Reimbursement Distribution- Er  | nter the legal entity   |                                  |                        |   | paid to each dis    | strict. Note: Percentages   |
| Legal Entity  | Legal Entit             |                                  | atch budget<br>Legal E |   | Legal Entit         | ty                          |
| 0583  |                         |                                  |                        |   |                     |                             |
| % 100.00  | %                       |                                  | %                      |   | %                   |                             |
| PASSENGER INFORMATION   | /0                      |                                  | 70                     |   | /0                  |                             |
| Number of Preschool/Kindergar   | ten pupils              | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                    | HIGH SCHOOL<br>(Grades 9-                       |                     | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   | 10.1 paps               | (0.0000 / 110)                   |                        | (3.4465)  | ,                   |                             |
|   |                         | a                                |                        | b   |                     | c .                         |
| Regular (include eligible Preschool/l   | Kindergarten            | NUMBER                           |                        | NUMBE   | ≺                   | a + b                       |
| riders) 1st Wheelchair (WC)   |                         |                                  |                        |   |                     |                             |
| 2nd Wheelchair (WC)   |                         |                                  |                        |   |                     |                             |
| Additional Wheelchairs (WC)   |                         |                                  |                        |   |                     |                             |
| Non-WC IEP Lists Trans as Related   | Service                 |                                  |                        |   |                     |                             |
| TOTAL ELIGIBLE RIDERS   |                         |                                  |                        |   |                     |                             |
| Ineligible Public School Riders (i.e.,  |                         |                                  |                        |   |                     |                             |
| miles OR nonresident and no attendagreement)                                  |                         |                                  |                        |   |                     |                             |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible) | garten riders)          |                                  |                        |   |                     |                             |
| TOTAL RIDERS  |                         |                                  |                        |   |                     |                             |
| We hereby certify that this bus w   | ill operate entirely on | the route established by the     | e Board of Tri         | Istees and within the transpo                   | rtation area assign | ed and approved by the      |
| County Transportation Committee.  We agree to supervision of this b           | We further certify that | at this bus transports pupils    | eligible for sch       | nool transportation as defined                  | by 20-10-101, MC    | Α.                          |
| required; to provide a vehicle which Superintendent; and to provide a lice    | meets the minimum       | standards as established by      | the Board of           | Public Education, the Monta                     | na Highway Patrol   |                             |
| We also agree to refrain from sol We understand that violations of            | iciting or causing oth  | ers to solicit students from o   | other transport        | tation areas.                                   |                     | nd county reimbursement for |
| this bus route.  We agree that if this route crosse                           | ,                       |                                  | •                      |   | · ·                 | ,                           |
| the school boards of both districts sl We understand route changes of         | nall be attached to th  | e county superintendent's c      | opy of this do         | cument.   | ,                   | ( ) , , ,                   |
| accordance with 20-10-132, MCA.  I certify that this application for          |                         |                                  |                        |   |                     |                             |
| bus operates on the route as ap   | proved by and wit       |                                  |                        |   | ansportation Co     |                             |
| Signature - Chair, Board of Trustees  | 3                       |                                  |                        |   | Date                |                             |
|   |                         |                                  |                        | accordance with Section                         |                     |                             |
| This Application for Registration area assigned to it by the Coun             |                         |                                  | has been re            | eviewed and I certify that                      | his bus operates    | s within the transportation |
| Signature - Chair, County Transport   |                         |                                  |                        |   | Date                |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement events.  |            |                             |                            |                         |  |                                |                                | one form for e  | ach bus route that          |  |
|--|------------|-----------------------------|----------------------------|-------------------------|--|--------------------------------|--------------------------------|-----------------|-----------------------------|--|
| <b>Due Dates</b><br>All Routes   |            |                             |                            | <b>To Cou</b><br>Octobe | nty Supt   | t                              | <b>To OPI</b><br>October 15    |                 | Rate Per Mile<br>\$1.57     |  |
| County Name  |            |                             | County Number              |                         | District   | Name                           |                                |                 | Legal Entity Number         |  |
| Missoula   |            |                             | 32                         |                         |  |                                | ublic Schls                    |                 | 0583 0584                   |  |
| Route #  | Lengt      | th of Route (miles per day) |                            |                         | Type of Service ☐ Bus Route Mi ☐ Non Bus Mile  |                                |                                | -               | Rated Capacity              |  |
| 6hbcd  | 35         |                             |                            |                         | Bus Route Mileage  |                                |                                | ige             | 71                          |  |
| Vehicle I.D. #   | 1          | License #                   | #                          |                         | □ District Owned Contractor Owned □ Contract - If so, Name of Owner Beach Transportation |                                |                                |                 |                             |  |
| 8850   |            | 1831                        |                            |                         |  | ct - If so, Na<br>cted rate pe |                                | seach Fran      | sportation                  |  |
| Reimbursement Distribution- En   | nter the   | legal ent                   |                            |                         | f state/co<br>h budget   |                                | irsement to be pa              | aid to each dis | strict. Note: Percentages   |  |
| Legal Entity<br>0583   |            | Legal Er                    |                            | ot mate                 | Legal E  |                                |                                | Legal Enti      | ty                          |  |
| 0303   |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| % 100.00   |            | %                           |                            |                         | %  |                                |                                | %               |                             |  |
| PASSENGER INFORMATION  |            |                             | ELEMENTA DV                |                         |  | 1                              | OLL COLLOCK DIE                | 2500            | TOTAL                       |  |
| Number of Preschool/Kindergar riding this route  | ten pup    | oils                        | ELEMENTARY F<br>(Grades PK |                         | 5  | HI                             | GH SCHOOL RII<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS    |  |
|  |            |                             | a<br>NUMBER                | <u> </u>                |  |                                | b<br>NUMBER                    |                 | c<br>a+b                    |  |
| Regular (include eligible Preschool/k  | Kinderga   | arten                       | NOWBEN                     | `                       |  |                                | NOWIDER                        |                 | a + b                       |  |
| riders) 1st Wheelchair (WC)  |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| 2nd Wheelchair (WC)  |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| Additional Wheelchairs (WC)  |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| Non-WC IEP Lists Trans as Related  | Service    | ;                           |                            |                         |  |                                |                                |                 |                             |  |
| TOTAL ELIGIBLE RIDERS  |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)   |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | garten ric | ders)                       |                            |                         |  |                                |                                |                 |                             |  |
| TOTAL RIDERS   |            |                             |                            |                         |  |                                |                                |                 |                             |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |            |                             |                            |                         |  |                                |                                |                 |                             |  |
|  |            |                             | Committee Approval         |                         |  |                                |                                |                 |                             |  |
| This Application for Registration<br>area assigned to it by the Count  | ty Trans   | sportation                  |                            | nent ha                 | s been re  | eviewed and                    | i i certity that this          |                 | s within the transportation |  |
| Signature - Chair, County Transporta   | ation Co   | mmittee                     |                            |                         |  |                                |                                | Date            |                             |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                   |                                |                     |   | one form for ea             | ach bus route that       |  |  |  |
|---|-------------------|--------------------------------|---------------------|---|-----------------------------|--------------------------|--|--|--|
| <b>Due Dates</b><br>All Routes  |                   |                                | County Supertober 1 | To OPI<br>October 15                                      |                             | Rate Per Mile<br>\$1.57  |  |  |  |
| County Name   |                   | County Number                  | District            | Name  | Legal Entity Number         |                          |  |  |  |
| Missoula  |                   |                                |                     | ula Co Public Schls                                       |                             | 0583 0584                |  |  |  |
| Route #   | Length of Ro      | ute (miles per day)            | Type of             | Service ☐ Bus Route Mi☐ Non Bus Mile                      | 3 -                         | Rated Capacity           |  |  |  |
| 4sb<br>Vehicle I.D. #   | 37<br>License     | . #                            |                     | oute Mileage  | 2                           | 71                       |  |  |  |
| 8848  | 1829              | · π                            |                     | ct - If so, Name of Owner <b>I</b><br>cted rate per mile  | Contractor C<br>Beach Trans |                          |  |  |  |
| Reimbursement Distribution- En  | nter the legal er |                                |                     | unty reimbursement to be p                                | aid to each dis             | trict. Note: Percentages |  |  |  |
| Legal Entity Legal Entity 0583  |                   |                                | Legal E             |   | Legal Entit                 | у                        |  |  |  |
| % 100.00  | %                 |                                | %                   |   | %                           |                          |  |  |  |
| PASSENGER INFORMATION   |                   |                                |                     |   |                             |                          |  |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupils        | ELEMENTARY RII<br>(Grades PK-8 |                     | HIGH SCHOOL RI<br>(Grades 9-12                            |                             | TOTAL<br>ELIGIBLE RIDERS |  |  |  |
|   |                   | a<br>NUMBER                    |                     | b<br>NUMBER   |                             | c<br>a+b                 |  |  |  |
| Regular (include eligible Preschool/kriders)  | Kindergarten      | NOWBER                         |                     | NOMBER  |                             | a i b                    |  |  |  |
| 1st Wheelchair (WC)   |                   |                                |                     |   |                             |                          |  |  |  |
| 2nd Wheelchair (WC)   |                   |                                |                     |   |                             |                          |  |  |  |
| Additional Wheelchairs (WC)   |                   |                                |                     |   |                             |                          |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service           |                                |                     |   |                             |                          |  |  |  |
| TOTAL ELIGIBLE RIDERS   |                   |                                |                     |   |                             |                          |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg  | ance              |                                |                     |   |                             |                          |  |  |  |
| Nonpublic School Riders (ineligible)  |                   |                                |                     |   |                             |                          |  |  |  |
| TOTAL RIDERS  |                   |                                |                     |   |                             |                          |  |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                   |                                |                     |   |                             |                          |  |  |  |
| I certify that this application for r<br>bus operates on the route as ap  |                   |                                |                     |   |                             |                          |  |  |  |
| Signature - Chair, Board of Trustees  |                   | ·                              |                     |   | Date                        |                          |  |  |  |
| County 1 This Application for Registration area assigned to it by the Count   | of School Bus     | and State Reimburseme          |                     | accordance with Section 2 eviewed and I certify that this |                             |                          |  |  |  |
| Signature - Chair, County Transporta  |                   |                                |                     |   | Date                        |                          |  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar   | nce with Title   | 20 Chapter 10 Part          | 1 MCA        | School dis                        | strict official m  | nust complete o    | ne form for ea    | ach bus route that          |
|---|------------------|-----------------------------|--------------|-----------------------------------|--------------------|--------------------|-------------------|-----------------------------|
| receives state reimbursement ev   |                  |                             |              |                                   |                    |                    |                   |                             |
| Due Dates   | <b>:</b> :       |                             | To Co        | unty Supt                         | . 1                | Γο ΟΡΙ             |                   | Rate Per Mile               |
| All Routes  |                  |                             | Octob        |                                   |                    | October 15         |                   | \$1.57                      |
| County Name   |                  | County Number               | er           | District                          | Name               |                    |                   | Legal Entity Number         |
| Missoula  |                  | 32                          |              | Misso                             | ula Co Pub         | olic Schls         |                   | 0583 0584                   |
| Route #   | Length of R      | oute (miles per day)        |              |                                   | Service            | Bus Route Mil      | J                 | Rated Capacity              |
| 18hbcd  | 32               |                             |              | □ Non Bus Mile Bus Route Mileage  |                    |                    | age               | 71                          |
| Vehicle I.D. #  | Licens           | se #                        |              | □ District Owned Contractor Owned |                    |                    |                   |                             |
| 5142  | 1818             |                             |              |                                   | ct - If so, Nam    | ne of Owner E      | Beach Trans       | sportation                  |
| Reimbursement Distribution- En  | ter the legal    |                             |              |                                   |                    | sement to be pa    | aid to each dis   | trict. Note: Percentages    |
| Legal Entity  | Legal            | Entity                      | must mat     | ch budget<br>Legal E              |                    |                    | Legal Entit       | y                           |
| 0583  |                  | •                           |              |                                   | •                  |                    |                   |                             |
|   |                  |                             |              |                                   |                    |                    |                   |                             |
| % 100.00 PASSENGER INFORMATION  | %                |                             |              | %                                 |                    |                    | %                 |                             |
|   |                  | ELEMENTAF                   |              | RS                                | HIGI               | H SCHOOL RII       |                   | TOTAL                       |
| Number of Preschool/Kindergart riding this route                              | en pupils        | (Grades                     | PK-8)        |                                   |                    | (Grades 9-12)      | )                 | ELIGIBLE RIDERS             |
|   |                  |                             |              |                                   |                    |                    |                   | _                           |
|   |                  | a<br>NUME                   |              |                                   |                    | b<br>NUMBER        |                   | c<br>a + b                  |
| Regular (include eligible Preschool/K riders)                                 | indergarten      |                             |              |                                   |                    |                    |                   |                             |
| 1st Wheelchair (WC)   |                  |                             |              |                                   |                    |                    |                   |                             |
| 2nd Wheelchair (WC)   |                  |                             |              |                                   |                    |                    |                   |                             |
| Additional Wheelchairs (WC)   |                  |                             |              |                                   |                    |                    |                   |                             |
| Non-WC IEP Lists Trans as Related   | Service          |                             |              |                                   |                    |                    |                   |                             |
| TOTAL ELIGIBLE RIDERS   |                  |                             |              |                                   |                    |                    |                   |                             |
| Ineligible Public School Riders (i.e., u                                      |                  |                             |              |                                   |                    |                    |                   |                             |
| miles OR nonresident and no attenda agreement)                                |                  |                             |              |                                   |                    |                    |                   |                             |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible) | arten riders)    |                             |              |                                   |                    |                    |                   |                             |
| TOTAL RIDERS  |                  |                             |              |                                   |                    |                    |                   |                             |
| We hereby certify that this bus wil   | I onerate entire | ely on the route establish  | ed by the E  | Roard of Tri                      | stees and withi    | n the transportat  | on area assign    | ed and approved by the      |
| County Transportation Committee. V  | Ve further certi | ify that this bus transport | s pupils eli | gible for sch                     | ool transportati   | on as defined by   | 20-10-101, MC     | Α.                          |
| We agree to supervision of this bu required; to provide a vehicle which r     | neets the minii  | mum standards as estab      | lished by th | ne Board of                       | Public Education   | on, the Montana I  |                   |                             |
| Superintendent; and to provide a lice<br>We also agree to refrain from solice | citing or causin | ng others to solicit studen | its from oth | er transpor                       | ation areas.       |                    |                   |                             |
| We understand that violations of t this bus route.                            | he laws, rules   | or regulations governing    | school trar  | nsportation                       | will be sufficient | t cause for withho | olding of state a | nd county reimbursement for |
| We agree that if this route crosses the school boards of both districts sh    |                  |                             |              |                                   |                    | agreement betwe    | en Boards, 20-    | 10-126(2) MCA, signed by    |
| We understand route changes occaccordance with 20-10-132, MCA.                |                  |                             |              |                                   |                    | d approval of the  | County Transpo    | ortation Committee in       |
| I certify that this application for robus operates on the route as ap         |                  |                             |              |                                   |                    |                    |                   |                             |
| Signature - Chair, Board of Trustees  | , ,              |                             |              |                                   | J , w.             |                    | Date              |                             |
|   |                  |                             |              |                                   |                    |                    |                   |                             |
| County T This Application for Registration area assigned to it by the Count   | of School Bu     |                             |              |                                   |                    |                    |                   |                             |
| Signature - Chair, County Transporta  |                  |                             |              |                                   |                    |                    | Date              |                             |
|   |                  |                             |              |                                   |                    |                    |                   |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e  |                        |                                  |   |  |   | 0110 101111 101 00                 |                             |  |
|---|------------------------|----------------------------------|---|--|---|------------------------------------|-----------------------------|--|
| Due Dates   | s:                     |                                  | To Co   | ounty Supt                               | To OPI  |                                    | Rate Per Mile               |  |
| All Routes  | i                      |                                  | Octob   | per 1                                    | October 15  | ;                                  | \$1.57                      |  |
| County Name   |                        |                                  | County Number   | District Nam                             | ie  |                                    | Legal Entity Number         |  |
| Missoula  |                        |                                  | 32  |  | Co Public Schls   | 0583 0584                          |                             |  |
| Route #   | Length                 | of Route                         | (miles per day)   | Type of Ser                              | vice   Bus Route Mi                                       |                                    | Rated Capacity              |  |
| 1SA   | 33                     |                                  |   | Bus Route                                | □ Non Bus Mile<br>e Mileage                               | age                                | 71                          |  |
| Vehicle I.D. #  | L                      | icense #                         |   | □ District Own                           |   | Contractor Owned                   |                             |  |
| 2955  | 1                      | 1845                             |   |  | f so, Name of Owner <b>I</b> rate per mile                | Beach Trans                        | sportation<br>—             |  |
| Reimbursement Distribution- En  | nter the le            | egal entity                      |   | of state/county                          | reimbursement to be p                                     | aid to each dis                    | trict. Note: Percentages    |  |
| Legal Entity  | L                      | egal Entity                      |   | Legal Entity                             |   | Legal Entity                       | 1                           |  |
| 0584  |                        |                                  |   |  |   |                                    |                             |  |
| % 100.00  |                        | %                                |   | %  |   | %                                  |                             |  |
| PASSENGER INFORMATION   |                        |                                  |   | 20                                       |   | 5550                               | T07.1                       |  |
| Number of Preschool/Kindergar   | ten pupil              | ils                              | ELEMENTARY RIDEF<br>(Grades PK-8)                               | RS                                       | HIGH SCHOOL RI<br>(Grades 9-12                            |                                    | TOTAL<br>ELIGIBLE RIDERS    |  |
| riding this route   |                        |                                  |   |  |   |                                    |                             |  |
|   |                        |                                  | a<br>NUMBER   |  | b<br>NUMBER   |                                    | c<br>a + b                  |  |
| Regular (include eligible Preschool/riders)   | Kindergart             | ten                              |   |  |   |                                    |                             |  |
| 1st Wheelchair (WC)   |                        |                                  |   |  |   |                                    |                             |  |
| 2nd Wheelchair (WC)   |                        |                                  |   |  |   |                                    |                             |  |
| Additional Wheelchairs (WC)   |                        |                                  |   |  |   |                                    |                             |  |
| Non-WC IEP Lists Trans as Related   | Service                |                                  |   |  |   |                                    |                             |  |
| TOTAL ELIGIBLE RIDERS   |                        |                                  |   |  |   |                                    |                             |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                        |                                  |   |  |   |                                    |                             |  |
| agreement) (Include ineligible Preschool/Kinderg  |                        | ere)                             |   |  |   |                                    |                             |  |
| Nonpublic School Riders (ineligible)  | jarton nac             | 0.07                             |   |  |   |                                    |                             |  |
| TOTAL RIDERS  |                        |                                  |   |  |   |                                    |                             |  |
| We hereby certify that this by a wi   | ill anarata            | antiroly on                      | the route established by the                                    | Doord of Truston                         | and within the transportat                                | tion area coolens                  | d and approved by the       |  |
| We hereby certify that this bus wi<br>County Transportation Committee. We agree to supervision of this b            | We furthe<br>us and bu | er certify that<br>us route by t | t this bus transports pupils el<br>the State Superintendent; to | igible for school tr<br>make such report | ansportation as defined by<br>s to the State Superintende | 20-10-101, MCA<br>ent and County S | A.<br>Superintendent as are |  |
| required; to provide a vehicle which<br>Superintendent; and to provide a lice<br>We also agree to refrain from soli | ensed, qu              | alified and a                    | approved driver to operate su                                   | ich vehicle as req                       | uired by 20-10-103, MCA.                                  | Highway Patrol a                   | nd the State                |  |
| We understand that violations of this bus route.  |                        |                                  |   |  |   | olding of state ar                 | d county reimbursement for  |  |
| We agree that if this route crosse the school boards of both districts sh   |                        |                                  | •   | ,  | .,  | een Boards, 20-1                   | 0-126(2) MCA, signed by     |  |
| We understand route changes of accordance with 20-10-132, MCA.  |                        |                                  |   |  |   | County Transpo                     | rtation Committee in        |  |
| I certify that this application for rous operates on the route as ap  |                        |                                  |   |  |   |                                    |                             |  |
| Signature - Chair, Board of Trustees  |                        | ,                                |   |  | ,   | Date                               |                             |  |
| Country   | Frances                | rtation Co                       | ammittae Annreyel ee re   | aguired in acco                          | ordance with Section (                                    | 20_10_132_M/C                      | Λ                           |  |
| This Application for Registration area assigned to it by the Count  | of Scho                | ool Bus and                      |   |  |   |                                    |                             |  |
| Signature - Chair, County Transporta  |                        |                                  |   |  |   | Date                               |                             |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement of the Due Date All Route   | even thoug<br>es: |             | ortees of another legal o                |               | ilize the servi                  |                               | ne form for e  | ach bus route that<br>Rate Per Mile<br>\$0.95 |
|--|-------------------|-------------|--|---------------|----------------------------------|-------------------------------|----------------|---|
| County Name  |                   |             | County Number                            | District      | Name                             |                               |                | Legal Entity Number                           |
| Missoula   |                   |             | 32                                       | Misso         | ula Co Pub                       | olic Schls                    |                | 0583 0584                                     |
| Route #  | Length of         | of Route    | (miles per day)                          |               | Service                          | Bus Route Mil                 |                | Rated Capacity                                |
| K7   | 32                |             |  | Bus R         | oute Milea                       | Non Bus Milea                 | ige            | 18  |
| Vehicle I.D. #   | Lic               | cense #     |  | □ District    |                                  | •                             | ontractor (    | Dwned   |
| 8112   | 19                | 931         |  |               | ct - If so, Nam<br>cted rate per | ne of Owner E                 | Beach Tran     | sportation                                    |
| Reimbursement Distribution- E  | nter the le       | gal entity  |  | e of state/co |                                  | sement to be pa               | id to each dis | strict. Note: Percentages                     |
| Legal Entity<br>0583   | Le                | egal Entity |  | Legal E       |                                  |                               | Legal Entit    | у   |
| % 100.00   |                   | %           |  | %             |                                  |                               | %              |   |
| PASSENGER INFORMATION  |                   |             | 51 51 51 51 51 51 51 51 51 51 51 51 51 5 | -50           |                                  |                               |                | 70711   |
| Number of Preschool/Kinderga riding this route   | rten pupils       | 5           | ELEMENTARY RIDE<br>(Grades PK-8)         | =RS           | HIG                              | H SCHOOL RII<br>(Grades 9-12) |                | TOTAL<br>ELIGIBLE RIDERS                      |
|  |                   |             | a<br>NUMBER                              |               |                                  | b<br>NUMBER                   |                | c<br>a+b                                      |
| Regular (include eligible Preschool riders)  | /Kindergarte      | en          |  |               |                                  |                               |                |   |
| 1st Wheelchair (WC)  |                   |             |  |               |                                  |                               |                |   |
| 2nd Wheelchair (WC)  |                   |             |  |               |                                  |                               |                |   |
| Additional Wheelchairs (WC)  |                   |             |  |               |                                  |                               |                |   |
| Non-WC IEP Lists Trans as Relate   | d Service         |             |  |               |                                  |                               |                |   |
| TOTAL ELIGIBLE RIDERS  |                   |             |  |               |                                  |                               |                |   |
| Ineligible Public School Riders (i.e. miles OR nonresident and no atten agreement)   |                   |             |  |               |                                  |                               |                |   |
| (Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible   |                   | rs)         |  |               |                                  |                               |                |   |
| TOTAL RIDERS   | ,                 |             |  |               |                                  |                               |                |   |
| TOTAL RIDERS   |                   |             |  |               |                                  |                               |                |   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                   |             |  |               |                                  |                               |                |   |
| bus operates on the route as a   | pproved by        |             |  |               |                                  |                               | sportation Co  |   |
| Signature - Chair, Board of Trustee  |                   |             |  |               |                                  |                               | Date           |   |
| County This Application for Registratio area assigned to it by the Cour  | n of Schoo        | ol Bus and  |  |               |                                  |                               |                |   |
| Signature - Chair, County Transpor   |                   |             |  |               |                                  |                               | Date           |   |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |            |             |                                  |                    |   | complete one fo           | orm for ea  | ich bus route that        |  |  |
|---|------------|-------------|----------------------------------|--------------------|---|---------------------------|-------------|---------------------------|--|--|
| Due Date  |            | agii iidiis | •                                |                    |   | DI                        | F           | Rate Per Mile             |  |  |
| All Routes  |            |             |                                  | ounty Sup<br>ber 1 |   | per 15                    | \$          | \$1.57                    |  |  |
| County Name   |            |             | County Number                    | District           | Name  |                           |             | Legal Entity Number       |  |  |
| Missoula  |            |             | 32                               | Misso              | ula Co Public S                               | Schls                     |             | 0583 0584                 |  |  |
| Route #   | Length     | n of Route  | (miles per day)                  |                    | Type of Service ☐ Bus Route Mi☐ Non Bus Mile: |                           |             | Rated Capacity            |  |  |
| 7bb   | 31         |             |                                  | Bus R              |   |                           | 71          |                           |  |  |
| Vehicle I.D. #  | License #  |             |                                  | •                  | Bus reduce will eage                          |                           |             |                           |  |  |
| 8847  | 1          | 1828        |                                  |                    | ct - If so, Name of<br>cted rate per mile     | Owner Beac                | h Trans     | sportation<br>—           |  |  |
| Reimbursement Distribution- Er  | nter the I | legal entit |                                  | e of state/co      |   | nt to be paid to          | each dist   | trict. Note: Percentages  |  |  |
| Legal Entity  | L          | Legal Enti  |                                  | Legal E            |   | Le                        | egal Entity | 1                         |  |  |
| 0583  |            |             |                                  |                    |   |                           |             |                           |  |  |
| % 100.00  |            | %           |                                  | %                  |   |                           | %           |                           |  |  |
| PASSENGER INFORMATION   |            | 70          |                                  | 70                 |   |                           | 70          |                           |  |  |
| Number of Preschool/Kindergar   | rten pupi  | ils         | ELEMENTARY RIDE<br>(Grades PK-8) | RS                 |   | HOOL RIDERS<br>ades 9-12) | 3           | TOTAL<br>ELIGIBLE RIDERS  |  |  |
| riding this route   |            |             |                                  |                    |   |                           |             |                           |  |  |
|   |            |             | a<br>NUMBER                      |                    | N   | b<br>UMBER                |             | c<br>a + b                |  |  |
| Regular (include eligible Preschool/Kindergarten  |            |             | NOMBER                           | NOWBER             |   |                           |             | a · b                     |  |  |
| riders) 1st Wheelchair (WC)   |            |             |                                  |                    |   |                           |             |                           |  |  |
| 2nd Wheelchair (WC)   |            |             |                                  |                    |   |                           |             |                           |  |  |
| Additional Wheelchairs (WC)   |            |             |                                  |                    |   |                           |             |                           |  |  |
| Non-WC IEP Lists Trans as Related   | Service    |             |                                  |                    |   |                           |             |                           |  |  |
| TOTAL ELIGIBLE RIDERS   |            |             |                                  |                    |   |                           |             |                           |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)  |            |             |                                  |                    |   |                           |             |                           |  |  |
| agreement) (Include ineligible Preschool/Kinderg  |            | ora)        |                                  |                    |   |                           |             |                           |  |  |
| Nonpublic School Riders (ineligible)  |            | eis)        |                                  |                    |   |                           |             |                           |  |  |
| TOTAL RIDERS  |            |             |                                  |                    |   |                           |             |                           |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |            |             |                                  |                    |   |                           |             |                           |  |  |
|   |            |             | ommittee Approval as r           |                    |   |                           |             |                           |  |  |
| This Application for Registration area assigned to it by the Coun   |            |             |                                  | nas been re        | eviewed and I certi                           | y that this bus           | operates    | within the transportation |  |  |
| Signature - Chair, County Transport   | ation Con  | nmittee     |                                  |                    |   | Date                      | Э           | Date                      |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Public Pates   Preschool Kindergarten pupils   Corados PKB   Corados P   | This form is required in accordance receives state reimbursement eve  |               |                          |            |                      | one form for ea  | ach bus route that       |  |
|--|---|---------------|--------------------------|------------|----------------------|------------------|--------------------------|--|
| Missoula   | Due Dates:  | Ü             | То                       | County Sup | t To OPI             |                  |                          |  |
| Route # Length of Route (miles per day)  BBA  31  Bus Route Mileage 71  71  Vehicle I.D.#  License # District Owned Contractor Owned 1835  District Owned Contractor Owned 1835  Contract—I so, Name of Owner Beach Transportation and Contract—I so | County Name   |               | County Number            | District   | Name                 |                  | Legal Entity Number      |  |
| Second    | Missoula  |               | 32                       | Misso      | oula Co Public Schls |                  | 0583 0584                |  |
| BBA   31   Bus Route Mileage   71  Vehicle I.D. #   License #   District Owned   Contractor Owned   1434   1835   District Owned   Contract or Owned   1434   1835   District Owned   Contract or Owned   1434   District Owned   Contract or Iso Name of Owner   1434   District Owned   District Owned   District Owned   District Owned   District Owned   1434   District Owned   District | Route #   | _ength of Ro  | oute (miles per day)     | Type o     |                      | J                | Rated Capacity           |  |
| 1434  1835  Contract- If so, Name of Owner Beach Transportation Contracted rate per mile Reimbursement Distribution-Enter the legal entity number and percentage of stated/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity Usgal  | 8BA   | 31            |                          | Bus F      |                      | eage             | 71                       |  |
| Reimbursement Distribution- Enter the legal entity unmber and percentage of state/country reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  | Vehicle I.D. #  | License       | e #                      |            |                      |                  |                          |  |
| Legal Entity 0584  Legal Entity 0584  % 100.00  % 5%  HIGH SCHOOL RIDERS (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include leigible Preschool/Kindergarten riders)  Regular (include preschool/Kindergart | 1434  | 1835          |                          |            |                      | Beach Iran       | sportation<br>—          |  |
| Legal Entity 0584  % 100.00  % 9%  % 100.00  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten richters)  a b C A NUMBER  Regular (include eligible Preschool/Kindergarten richters)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten richters)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that the bus transports pupils eligible for school transportation as eliminated as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Counton. The Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required to provide a vehicle which meets the minimum standards as established by the transportation area.  We understand that violations of the laws, rules or regulations governing school transportation area.  We understand that violations of the laws, rules or regulations governing school transportation area.  We understand that violations of the laws, rules or regulations governing school transportation area.  We understand that violations of the laws, rules or regulations governing school transportation of the County Transportation Committee in accordance with 20-10-132, MCA.  We understand that violations of the laws, rules or regulations governing school transportation of the County Transportation Committee in accordance with 20-10-132, MCA.  | Reimbursement Distribution- Ente  | r the legal e |                          |            |                      | oaid to each dis | trict. Note: Percentages |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten numbe | 9   | Legal I       |                          |            |                      | Legal Entit      | у                        |  |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten numbe |   |               |                          |            |                      |                  |                          |  |
| Number of Preschool/Kindergarten pupils riding this route  |   | %             |                          | %          |                      | %                |                          |  |
| NUMBER NUMBER A + b  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (iie, under 3 miles OR nonresident and no attendance agreement)  (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (iie)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Educion, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation area.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school by and state reimbursement is true and complete to the best of my knowledge and belief, and th | Number of Preschool/Kindergarter  | n pupils      |                          |            |                      |                  | _                        |  |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Edunion, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation area.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Commit |   |               |                          |            | -                    |                  | _                        |  |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such which cas a required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approved the County Transportation Committee in accordance with 20-10-132, MCA. Locatify that this application for registra |   | dergarten     | NOWBER                   |            | NOWBER               |                  | a + b                    |  |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transpo |   |               |                          |            |                      |                  |                          |  |
| Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as equired by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area as | 2nd Wheelchair (WC)   |               |                          |            |                      |                  |                          |  |
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| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make un reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, | Non-WC IEP Lists Trans as Related Se  | ervice        |                          |            |                      |                  |                          |  |
| miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  | TOTAL ELIGIBLE RIDERS   |               |                          |            |                      |                  |                          |  |
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| County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date  | TOTAL RIDERS  |               |                          |            |                      |                  |                          |  |
|  | We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |               |                          |            |                      |                  |                          |  |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  | This Application for Registration of  | f School Bu   | s and State Reimbursemer |            |                      |                  |                          |  |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |   |               |                          |            |                      | Date             |                          |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |            |            |                                 |            |                   |                                | ne form for e   | ach bus route that        |
|---|------------|------------|---------------------------------|------------|-------------------|--------------------------------|-----------------|---------------------------|
| Due Dates   |            | agii tiani |                                 | County S   |                   | To OPI                         |                 | Rate Per Mile             |
| All Routes  | ;          |            |                                 | ober 1     |                   | October 15                     |                 | \$0.95                    |
| County Name   |            |            | County Number                   | Distr      | rict Name         |                                |                 | Legal Entity Number       |
| Missoula  | 1 .        |            | 32                              |            | soula Co Pu       |                                |                 | 0583 0584                 |
| Route #   |            | h of Rout  | te (miles per day)              | Туре       |                   | Bus Route Mile Non Bus Milea   | J               | Rated Capacity            |
| K9<br>Vehicle I.D. #  | 31         | License #  | 4                               |            | Bus Route Mileage |                                |                 | 17                        |
| 2411  |            | 1935       |                                 | □ Con      |                   |                                |                 |                           |
| Reimbursement Distribution- En  | nter the   | legal ent  |                                 | e of state |                   | sement to be pa                | aid to each dis | strict. Note: Percentages |
| Legal Entity<br>0583  | 1          | Legal En   |                                 |            | I Entity          |                                | Legal Enti      | ty                        |
| % 100.00  |            | %          |                                 | %          |                   |                                | %               |                           |
| PASSENGER INFORMATION   |            |            |                                 |            |                   |                                |                 |                           |
| Number of Preschool/Kindergar riding this route   | ten pup    | oils       | ELEMENTARY RID<br>(Grades PK-8) | ERS        | HIG               | GH SCHOOL RII<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS  |
|   |            |            | a<br>NUMBER                     |            |                   | b<br>NUMBER                    |                 | c<br>a + b                |
| Regular (include eligible Preschool/k   | Kinderga   | irten      | NOWBER                          |            |                   | NOWBER                         |                 | аты                       |
| 1st Wheelchair (WC)   |            |            |                                 |            |                   |                                |                 |                           |
| 2nd Wheelchair (WC)   |            |            |                                 |            |                   |                                |                 |                           |
| Additional Wheelchairs (WC)   |            |            |                                 |            |                   |                                |                 |                           |
| Non-WC IEP Lists Trans as Related   | Service    |            |                                 |            |                   |                                |                 |                           |
| TOTAL ELIGIBLE RIDERS   |            |            |                                 |            |                   |                                |                 |                           |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |            |            |                                 |            |                   |                                |                 |                           |
| agreement) (Include ineligible Preschool/Kinderg  | garten rid | ders)      |                                 |            |                   |                                |                 |                           |
| Nonpublic School Riders (ineligible)  |            |            |                                 |            |                   |                                |                 |                           |
| TOTAL RIDERS  |            |            |                                 |            |                   |                                |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |            |            |                                 |            |                   |                                |                 |                           |
|   |            |            | Committee Approval as           |            |                   |                                |                 |                           |
| This Application for Registration area assigned to it by the Count  | ty Trans   | sportation |                                 | has beer   | n reviewed and    | I certify that this            |                 | within the transportation |
| Signature - Chair, County Transporta  | ation Cor  | mmittee    |                                 |            |                   |                                | Date            |                           |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   |                                 | ,                 |                       |  |                   |   | one form for e  |                         |
|---|---------------------------------|-------------------|-----------------------|--|-------------------|---|-----------------|-------------------------|
| <b>Due Dates</b><br>All Routes  | <b>s:</b>                       |                   |                       | County Subber 1  | upt               | To OPI<br>October 15                                      |                 | Rate Per Mile<br>\$1.57 |
| County Name   |                                 |                   | County Number         | Distri   | ict Name          |   |                 | Legal Entity Number     |
| Missoula  |                                 |                   | 32                    | Miss   | soula Co P        | ublic Schls   |                 | 0583 0584               |
| Route #   | Length of Route (miles per day) |                   | (miles per day)       | Туре   | of Service        | <ul><li>☐ Bus Route Mil</li><li>☐ Non Bus Miles</li></ul> | U               | Rated Capacity          |
| 12s   | 15                              | .,                |                       |  | Bus Route Mileage |   |                 | 71                      |
| Vehicle I.D. #  | 1808                            |                   |                       | ☐ District Owned Contractor Own ☐ Contract - If so, Name of Owner Beach Transpor |                   |   |                 |                         |
| Reimbursement Distribution- En  |                                 |                   | number and percentage |  | tracted rate p    |   | aid to cook die | atriot Note: Percentage |
|   |                                 |                   | must m                | atch budg  | get!              | ursement to be pa   |                 |                         |
| Legal Entity<br>0583  | Lega                            | l Entity          | /                     | Lega   | I Entity          |   | Legal Enti      | ty                      |
| % 100.00  | %                               |                   |                       | %  | l                 |   | %               |                         |
| PASSENGER INFORMATION   |                                 | I                 | ELEMENTARY RIDE       | -De  | Т ⊔               | IGH SCHOOL RII  | DEDS            | TOTAL                   |
| Number of Preschool/Kindergart riding this route  | ten pupils                      |                   | (Grades PK-8)         | LNO  | ''                | (Grades 9-12  |                 | ELIGIBLE RIDERS         |
|   |                                 |                   | a<br>NUMBER           |  |                   | b<br>NUMBER   |                 | c<br>a+b                |
| Regular (include eligible Preschool/K riders)   | (indergarten                    |                   | NOMBER                |  |                   | NOMBLIC   |                 | a + b                   |
| 1st Wheelchair (WC)   |                                 |                   |                       |  |                   |   |                 |                         |
| 2nd Wheelchair (WC)   |                                 |                   |                       |  |                   |   |                 |                         |
| Additional Wheelchairs (WC)   |                                 |                   |                       |  |                   |   |                 |                         |
| Non-WC IEP Lists Trans as Related   | Service                         |                   |                       |  |                   |   |                 |                         |
| TOTAL ELIGIBLE RIDERS   |                                 |                   |                       |  |                   |   |                 |                         |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)   |                                 |                   |                       |  |                   |   |                 |                         |
| (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | arten riders)                   |                   |                       |  |                   |   |                 |                         |
| TOTAL RIDERS  |                                 |                   |                       |  |                   |   |                 |                         |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                                 |                   |                       |  |                   |   |                 |                         |
| Signature - Chair, Board of Trustees  | p. O TOG by al                  | . W VVIII         | are adrioportation se | 1100 0160  | a accigited by    | and County Hall   | Date            |                         |
| On web. T   | 'ronene-t-t'                    | or C              | mmittae Anne          | ro accire el   | in accorder       | o with Coatlant   | 20 40 420 111   | `^                      |
| This Application for Registration area assigned to it by the County   | of School B<br>y Transporta     | us and<br>ation C |                       |  |                   |   |                 |                         |
| Signature - Chair, County Transporta  | ation Committe                  | ee                |                       |  |                   |   | Date            |                         |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda   | nce with Title 20,    | Chapter 10, Part 1, MCA                 | A. School di           | strict official must comp        | olete one form for e   | ach bus route that          |  |
|--|-----------------------|---|------------------------|----------------------------------|------------------------|-----------------------------|--|
| receives state reimbursement e   |                       |   |                        |                                  |                        | Rate Per Mile               |  |
| Due Dates<br>All Routes  |                       |   | County Supr            | : <b>To OPI</b><br>October 1     | 15                     | \$1.57                      |  |
|  | ·<br>                 |   |                        |                                  | ·•                     |                             |  |
| County Name  |                       | County Number                           | District               | Name                             |                        | Legal Entity Number         |  |
| Missoula   |                       | 32                                      |                        | ula Co Public Sch                |                        | 0583 0584                   |  |
| Route #  | Length of Route       | (miles per day)                         | Type of                | Service □ Bus Rou<br>□ Non Bus   | 0                      | Rated Capacity              |  |
| 7hd  | 15                    |   | Bus R                  | oute Mileage                     |                        | 71                          |  |
| Vehicle I.D. #   | License #             |   | □ District             | Owned<br>ct - If so, Name of Owr | Contractor (           |                             |  |
| 0570   | 1850                  |   |                        | cted rate per mile               | er beach fran          | ——                          |  |
| Reimbursement Distribution- Er   | nter the legal entity |   |                        |                                  | be paid to each dis    | strict. Note: Percentages   |  |
| Legal Entity   | Legal Entit           |   | atch budget<br>Legal E |                                  | Legal Enti             | ty                          |  |
| 0583   |                       |   |                        |                                  |                        |                             |  |
| % 100.00   | %                     |   | %                      |                                  | %                      |                             |  |
| PASSENGER INFORMATION  | 70                    |   |                        |                                  |                        |                             |  |
| Number of Preschool/Kindergar  | ten pupils            | ELEMENTARY RIDE<br>(Grades PK-8)        | ERS                    | HIGH SCHOO<br>(Grades            |                        | TOTAL<br>ELIGIBLE RIDERS    |  |
| riding this route  |                       | (====================================== |                        | (                                | ,                      |                             |  |
|  |                       | a                                       |                        | b                                | )=D                    | С                           |  |
| Regular (include eligible Preschool/h  | Kindergarten          | NUMBER                                  |                        | NUME                             | 3EK                    | a + b                       |  |
| riders) 1st Wheelchair (WC)  |                       |   |                        |                                  |                        |                             |  |
| 2nd Wheelchair (WC)  |                       |   |                        |                                  |                        |                             |  |
| Additional Wheelchairs (WC)  |                       |   |                        |                                  |                        |                             |  |
| Non-WC IEP Lists Trans as Related  | Service               |   |                        |                                  |                        |                             |  |
| TOTAL ELIGIBLE RIDERS  |                       |   |                        |                                  |                        |                             |  |
| Ineligible Public School Riders (i.e.,   | under 3               |   |                        |                                  |                        |                             |  |
| miles OR nonresident and no attend   |                       |   |                        |                                  |                        |                             |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)  | garten riders)        |   |                        |                                  |                        |                             |  |
| TOTAL RIDERS   |                       |   |                        |                                  |                        |                             |  |
| TOTAL RIDERS   |                       |   |                        |                                  |                        |                             |  |
| We hereby certify that this bus will County Transportation Committee.  |                       |   |                        |                                  |                        |                             |  |
| We agree to supervision of this b required; to provide a vehicle which   | us and bus route by   | the State Superintendent; to            | o make such r          | eports to the State Superi       | ntendent and County    | Superintendent as are       |  |
| Superintendent; and to provide a lice We also agree to refrain from sol  | ensed, qualified and  | approved driver to operate s            | such vehicle a         | s required by 20-10-103, I       |                        |                             |  |
| We understand that violations of this bus route.   |                       |   |                        |                                  | withholding of state a | nd county reimbursement for |  |
| We agree that if this route crosse the school boards of both districts sh  |                       |   |                        |                                  | t between Boards, 20-  | 10-126(2) MCA, signed by    |  |
| We understand route changes of accordance with 20-10-132, MCA.   |                       |   |                        |                                  | of the County Transp   | ortation Committee in       |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the                  |                       |   |                        |                                  |                        |                             |  |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Comm<br>Signature - Chair, Board of Trustees  Date |                       |   |                        |                                  |                        | mmacc.                      |  |
|  |                       |   |                        |                                  |                        |                             |  |
| County 1 This Application for Registration area assigned to it by the County   | of School Bus an      |   |                        |                                  |                        |                             |  |
| Signature - Chair, County Transports   |                       |   |                        |                                  | Date                   |                             |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                  |                                |                         |   | one form for ea             | ach bus route that       |  |
|---|------------------|--------------------------------|-------------------------|---|-----------------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |                  |                                | County Sup              | t To OPI<br>October 15                                    |                             | Rate Per Mile<br>\$0.95  |  |
| County Name   |                  | County Number                  | District                | Name  |                             | Legal Entity Number      |  |
| Missoula  |                  | 32                             |                         | ula Co Public Schls                                       |                             | 0583 0584                |  |
| Route #   | Length of Ro     | oute (miles per day)           | Type of                 | F Service ☐ Bus Route Mi☐ Non Bus Mile                    | 5 -                         | Rated Capacity           |  |
| K5<br>Vehicle I.D. #  | 29<br>License    | . #                            |                         | toute Mileage   |                             | 18                       |  |
| 8108  | 1929             | : #                            |                         | : Owned Ct - If so, Name of Owner Ct cted rate per mile   | Contractor C<br>Beach Trans |                          |  |
| Reimbursement Distribution- En  | nter the legal e |                                | age of state/co         | unty reimbursement to be p                                | aid to each dis             | trict. Note: Percentages |  |
| Legal Entity<br>0583  | Legal E          |                                | match budger<br>Legal E |   | Legal Entit                 | у                        |  |
| % 100.00  | %                |                                | %                       |   | %                           |                          |  |
| PASSENGER INFORMATION   |                  |                                |                         |   |                             |                          |  |
| Number of Preschool/Kindergar riding this route   | ten pupils       | ELEMENTARY RII<br>(Grades PK-8 |                         | HIGH SCHOOL RI<br>(Grades 9-12                            |                             | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                  | a<br>NUMBER                    |                         | b<br>NUMBER   |                             | c<br>a+b                 |  |
| Regular (include eligible Preschool/kriders)  | Kindergarten     | NOWBER                         |                         | NOMBER  |                             | a i b                    |  |
| 1st Wheelchair (WC)   |                  |                                |                         |   |                             |                          |  |
| 2nd Wheelchair (WC)   |                  |                                |                         |   |                             |                          |  |
| Additional Wheelchairs (WC)   |                  |                                |                         |   |                             |                          |  |
| Non-WC IEP Lists Trans as Related   | Service          |                                |                         |   |                             |                          |  |
| TOTAL ELIGIBLE RIDERS   |                  |                                |                         |   |                             |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | ance             |                                |                         |   |                             |                          |  |
| TOTAL RIDERS  |                  |                                |                         |   |                             |                          |  |
| TOTAL RIDERS  |                  |                                |                         |   |                             |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                  |                                |                         |   |                             |                          |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                  |                                |                         |   |                             |                          |  |
| Signature - Chair, Board of Trustees  |                  |                                |                         |   | Date                        |                          |  |
| County 1 This Application for Registration area assigned to it by the Count   | of School Bus    | and State Reimburseme          |                         | accordance with Section 2 eviewed and I certify that this |                             |                          |  |
| Signature - Chair, County Transporta  |                  |                                |                         |   | Date                        |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda   | ince with Title 20,  | Chapter 10, Part 1, MCA          | . School dis           | strict official must compl                     | ete one form for e     | ach bus route that          |
|--|----------------------|----------------------------------|------------------------|--|------------------------|-----------------------------|
| receives state reimbursement e   |                      | · ·                              | , ,                    |  |                        | Rate Per Mile               |
| <b>Due Date</b> :<br>All Routes  |                      |                                  | ounty Supt<br>ber 1    | t <b>To OPI</b><br>October 15                  | 5                      | \$1.57                      |
| County Name  |                      | County Number                    | District               | Name   |                        | Legal Entity Number         |
| Missoula   |                      | 32                               | Misso                  | ula Co Public Schls                            | 5                      | 0583 0584                   |
| Route #  | Length of Route      | (miles per day)                  | Type of                | Service   Bus Route                            |                        | Rated Capacity              |
| 3hb  | 26                   |                                  | Bus R                  | □ Non Bus I<br>coute Mileage                   | villeage               | 71                          |
| Vehicle I.D. #   | License #            |                                  |                        | Owned  | Contractor (           |                             |
| 2185   | 5185                 |                                  |                        | ct - If so, Name of Owne<br>cted rate per mile | er Beach Tran          | sportation<br>—             |
| Reimbursement Distribution- Er   | nter the legal entit |                                  |                        |  | oe paid to each dis    | strict. Note: Percentages   |
| Legal Entity   | Legal Enti           |                                  | atch budget<br>Legal E |  | Legal Entit            | ty                          |
| 0583   |                      |                                  |                        |  |                        |                             |
| % 100.00   | %                    |                                  | %                      |  | %                      |                             |
| PASSENGER INFORMATION  | /0                   |                                  | /0                     |  | /6                     |                             |
| Number of Preschool/Kindergar  | ton nunile           | ELEMENTARY RIDE<br>(Grades PK-8) | RS                     | HIGH SCHOO<br>(Grades 9                        |                        | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | Terr pupils          | (Glades FR-6)                    |                        | (Grades s                                      | 5-12)                  | ELIGIBLE RIDERS             |
|  |                      | a                                |                        | b  |                        | С                           |
| Regular (include eligible Preschool/l  | Kindergarten         | NUMBER                           |                        | NUMBI  | ΞR                     | a + b                       |
| riders)  1st Wheelchair (WC)   | Mindorganton         |                                  |                        |  |                        |                             |
| 2nd Wheelchair (WC)  |                      |                                  |                        |  |                        |                             |
| ` ,  |                      |                                  |                        |  |                        |                             |
| Additional Wheelchairs (WC)  |                      |                                  |                        |  |                        |                             |
| Non-WC IEP Lists Trans as Related  | Service              |                                  |                        |  |                        |                             |
| TOTAL ELIGIBLE RIDERS  |                      |                                  |                        |  |                        |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)   |                      |                                  |                        |  |                        |                             |
| agreement) (Include ineligible Preschool/Kinderg   | parten riders)       |                                  |                        |  |                        |                             |
| Nonpublic School Riders (ineligible)   |                      |                                  |                        |  |                        |                             |
| TOTAL RIDERS   |                      |                                  |                        |  |                        |                             |
| We hereby certify that this bus w  |                      |                                  |                        |  |                        |                             |
| County Transportation Committee. We agree to supervision of this b   | ous and bus route by | the State Superintendent; to     | make such r            | eports to the State Superint                   | tendent and County     | Superintendent as are       |
| required; to provide a vehicle which<br>Superintendent; and to provide a lice  | ensed, qualified and | approved driver to operate s     | uch vehicle a          | s required by 20-10-103, M                     |                        | and the State               |
| We also agree to refrain from sol<br>We understand that violations of  |                      |                                  |                        |  | vithholding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosse  |                      |                                  |                        |  | oetween Boards, 20-    | 10-126(2) MCA, signed by    |
| the school boards of both districts sl<br>We understand route changes or   |                      |                                  |                        |  | f the County Transpo   | ortation Committee in       |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                      |                                  |                        |  |                        |                             |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date             |                      |                                  |                        |  |                        | mmuee.                      |
|  |                      |                                  |                        |  |                        |                             |
| This Application for Registration area assigned to it by the Coun  | n of School Bus ar   |                                  |                        |  |                        |                             |
| Signature - Chair, County Transport  |                      | Committee.                       |                        |  | Date                   |                             |
|  |                      |                                  |                        |  | 1                      |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |                   |            |                                     |                       |                           |                                |                                | one form for e  | ach bus route that        |
|--|-------------------|------------|-------------------------------------|-----------------------|---------------------------|--------------------------------|--------------------------------|-----------------|---------------------------|
| <b>Due Date</b><br>All Routes  |                   |            |                                     | To Co<br>Octob        | unty Supt<br>er 1         | t                              | <b>To OPI</b><br>October 15    |                 | Rate Per Mile<br>\$1.57   |
| County Name  |                   |            | County Numb                         | per                   | District                  | Name                           |                                |                 | Legal Entity Number       |
| Missoula   |                   |            | 32                                  |                       | Misso                     | ula Co Pı                      | ublic Schls                    |                 | 0583 0584                 |
| Route #  | Leng              | gth of Ro  | ute (miles per day)                 | Type of               |                           | ☐ Bus Route Miles              | -                              | Rated Capacity  |                           |
| 6HA  | 27                |            |                                     |                       | Bus R                     | Route Mile                     | □ Non Bus Milea<br>eage        | age             | 71                        |
| Vehicle I.D. #   |                   | License    | : #                                 |                       | □ District                |                                |                                | contractor (    |                           |
| 8850   |                   | 1831       |                                     |                       |                           | ct - If so, Na<br>cted rate pe | ame of Owner E<br>er mile      | Beach Fran      | sportation<br>—           |
| Reimbursement Distribution- Er   | nter the          | e legal ei | ntity number and pe                 |                       | of state/co<br>tch budget |                                | ursement to be pa              | aid to each dis | strict. Note: Percentages |
| Legal Entity<br>0584   |                   | Legal E    | Entity                              | mast ma               | Legal E                   |                                |                                | Legal Enti      | ty                        |
|  |                   |            |                                     |                       |                           |                                |                                |                 |                           |
| % 100.00  PASSENGER INFORMATION  |                   | %          |                                     |                       | %                         |                                |                                | %               |                           |
| Number of Preschool/Kindergar riding this route  | ten pu            | ıpils      | ELEMENTA<br>(Grade                  | ARY RIDEF<br>es PK-8) | RS                        | н                              | GH SCHOOL RII<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS  |
|  |                   |            |                                     | a<br>MBER             |                           |                                | b<br>NUMBER                    |                 | c<br>a + b                |
| Regular (include eligible Preschool/h  | Kinderg           | jarten     | NOIV                                | IDLN                  |                           |                                | NOWBER                         |                 | a + b                     |
| riders) 1st Wheelchair (WC)  |                   |            |                                     |                       |                           |                                |                                |                 |                           |
| 2nd Wheelchair (WC)  |                   |            |                                     |                       |                           |                                |                                |                 |                           |
| Additional Wheelchairs (WC)  |                   |            |                                     |                       |                           |                                |                                |                 |                           |
| Non-WC IEP Lists Trans as Related  | Service           | e          |                                     |                       |                           |                                |                                |                 |                           |
| TOTAL ELIGIBLE RIDERS  |                   |            |                                     |                       |                           |                                |                                |                 |                           |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | lance<br>garten r |            |                                     |                       |                           |                                |                                |                 |                           |
| TOTAL RIDERS   |                   |            |                                     |                       |                           |                                |                                |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                   |            |                                     |                       |                           |                                |                                |                 |                           |
|  |                   |            | n Committee Appr                    |                       |                           |                                |                                |                 |                           |
| This Application for Registration area assigned to it by the Count   | of Sc<br>ty Tran  | hool Bus   | s and State Reimbu<br>on Committee. |                       |                           |                                |                                |                 |                           |
| Signature - Chair, County Transporta   | ation Co          | ommittee   |                                     |                       |                           |                                |                                | Date            |                           |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   |                                   |                                 |                     |   | one form for ea | ach bus route that       |  |
|---|-----------------------------------|---------------------------------|---------------------|---|-----------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |                                   |                                 | County Suprotober 1 | t To OPI<br>October 15                        |                 | Rate Per Mile<br>\$1.57  |  |
| County Name   |                                   | County Number                   | District            | Name  |                 | Legal Entity Number      |  |
| Missoula  |                                   | 32                              |                     | ula Co Public Schls                           |                 | 0583 0584                |  |
| Route #   | Length of Rou                     | ute (miles per day)             | Type of             | F Service ☐ Bus Route Mi☐ Non Bus Mile        | 5 -             | Rated Capacity           |  |
| 1HA   | 145                               |                                 | Bus R               | toute Mileage                                 | Ü               | 71                       |  |
| Vehicle I.D. #  | License                           | #                               | □ District          | : Owned<br>ct - If so, Name of Owner <b>I</b> | Contractor C    |                          |  |
| 2187  | 5187                              |                                 |                     | cted rate per mile                            |                 |                          |  |
| Reimbursement Distribution- En  | ter the legal en                  |                                 | ge of state/co      |   | aid to each dis | trict. Note: Percentages |  |
| Legal Entity<br>0584  | Legal E                           |                                 | Legal E             |   | Legal Entit     | у                        |  |
| % 100.00  | %                                 |                                 | %                   |   | %               |                          |  |
| PASSENGER INFORMATION   | ,,                                |                                 |                     |   |                 |                          |  |
| Number of Preschool/Kindergard  | ten pupils                        | ELEMENTARY RID<br>(Grades PK-8) |                     | HIGH SCHOOL RI<br>(Grades 9-12                |                 | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                                   | a                               |                     | b   |                 | C                        |  |
| Regular (include eligible Preschool/K   | Kindergarten                      | NUMBER                          |                     | NUMBER  |                 | a + b                    |  |
| riders) 1st Wheelchair (WC)   |                                   |                                 |                     |   |                 |                          |  |
| 2nd Wheelchair (WC)   |                                   |                                 |                     |   |                 |                          |  |
| Additional Wheelchairs (WC)   |                                   |                                 |                     |   |                 |                          |  |
| Non-WC IEP Lists Trans as Related   | Service                           |                                 |                     |   |                 |                          |  |
| TOTAL ELIGIBLE RIDERS   |                                   |                                 |                     |   |                 |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance                              |                                 |                     |   |                 |                          |  |
| TOTAL RIDERS  |                                   |                                 |                     |   |                 |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                                   |                                 |                     |   |                 |                          |  |
|   |                                   |                                 |                     | accordance with Section 2                     |                 |                          |  |
| This Application for Registration area assigned to it by the Count  | of School Bus<br>y Transportation | and State Reimbursemen          |                     |   |                 |                          |  |
| Signature - Chair, County Transporta  | ation Committee                   |                                 |                     |   | Date            |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordareceives state reimbursement e  |   |   |   |  | ete one form for e  | each bus route that          |
|---|---|---|---|--|---|------------------------------|
|   | •   |   |   |  |   | Rate Per Mile                |
| <b>Due Date</b><br>All Routes   |   | To Co<br>Octo   | ounty Supt<br>ber 1   | t To OPI<br>October 15   |   | \$1.57                       |
| County Name   |   | County Number   | District  | Name   |   | Legal Entity Number          |
| Missoula  |   | 32  | Misso   | ula Co Public Schls  |   | 0583 0584                    |
| Route #   | Length of Rou   | te (miles per day)  |   | f Service   Bus Route  | Mileage   | Rated Capacity               |
| 2HA   | 141   |   | Bus R   | □ Non Bus N<br>Route Mileage   | /lileage  | 71                           |
| Vehicle I.D. #  | License #   | ŧ   | □ District  | t Owned  | Contractor  |                              |
| 3946  | 9656  |   |   | ct - If so, Name of Owne cted rate per mile  | r Beach Trar  | sportation                   |
| Reimbursement Distribution- En  | nter the legal ent  |   | of state/co   |  | e paid to each di   | strict. Note: Percentages    |
| Legal Entity  | Legal En  |   | Legal E   |  | Legal Enti  | ty                           |
| 0584  |   |   |   |  |   |                              |
| % 100.00  | %   |   | %   |  | %   |                              |
| PASSENGER INFORMATION   |   |   |   |  |   | T0T11                        |
| Number of Preschool/Kindergar   | rten pupils   | ELEMENTARY RIDE<br>(Grades PK-8)  | RS  | HIGH SCHOOL<br>(Grades 9   |   | TOTAL<br>ELIGIBLE RIDERS     |
| riding this route   |   | ,   |   | ,  | ,   |                              |
|   |   | a   |   | b  |   | C .                          |
| Regular (include eligible Preschool/  | Kindergarten  | NUMBER  |   | NUMBE  | :K  | a + b                        |
| riders) 1st Wheelchair (WC)   |   |   |   |  |   |                              |
| 2nd Wheelchair (WC)   |   |   |   |  |   |                              |
| Additional Wheelchairs (WC)   |   |   |   |  |   |                              |
| Non-WC IEP Lists Trans as Related   | I Service   |   |   |  |   |                              |
| TOTAL ELIGIBLE RIDERS   |   |   |   |  |   |                              |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)  |   |   |   |  |   |                              |
| agreement) (Include ineligible Preschool/Kinderg  |   |   |   |  |   |                              |
| Nonpublic School Riders (ineligible)  |   |   |   |  |   |                              |
| TOTAL RIDERS  |   |   |   |  |   |                              |
| We hereby certify that this bus w   | ill operate entirely  | on the route established by the   | Poard of Tru  | ustons and within the transport  | ortation area assign  | and and approved by the      |
| County Transportation Committee.<br>We agree to supervision of this be<br>required; to provide a vehicle which<br>Superintendent; and to provide a lice | We further certify to<br>bus and bus route to<br>meets the minimunensed, qualified an | hat this bus transports pupils e<br>by the State Superintendent; to<br>n standards as established by<br>d approved driver to operate si | ligible for sch<br>make such r<br>the Board of<br>uch vehicle a | nool transportation as defined<br>eports to the State Superinte<br>Public Education, the Monta<br>as required by 20-10-103, MO | d by 20-10-101, MC<br>endent and County<br>ana Highway Patrol | CA.<br>Superintendent as are |
| We also agree to refrain from sol<br>We understand that violations of<br>this bus route.  |   |   |   |  | ithholding of state a   | and county reimbursement for |
| We agree that if this route crosses the school boards of both districts s We understand route changes or  | hall be attached to   | the county superintendent's co  | py of this do   | cument.  |   |                              |
| accordance with 20-10-132, MCA.  I certify that this application for  |   |   |   |  |   |                              |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees   |   | vitnin the transportation ser   | vice area a   | assigned by the County T   | ransportation Co Date   | mmittee.                     |
|   |   |   |   |  |   |                              |
| County This Application for Registration area assigned to it by the Coun  | n of School Bus a   |   |   |  |   |                              |
| Signature - Chair, County Transport   | •   |   |   |  | Date  |                              |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordant receives state reimbursement ex  |                  |                                |                     |   |                 |                          |  |
|---|------------------|--------------------------------|---------------------|---|-----------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  | <b>s:</b>        |                                | County Supertober 1 | To OPI<br>October 15                                      |                 | Rate Per Mile<br>\$1.57  |  |
| County Name   |                  | County Number                  | District            | Name  |                 | Legal Entity Number      |  |
| Missoula  |                  | 32                             |                     | ula Co Public Schls                                       |                 | 0583 0584                |  |
| Route #   | Length of Ro     | ute (miles per day)            | Type of             | Service   Bus Route Mi  Non Bus Mile                      | 3 -             | Rated Capacity           |  |
| 3HA   | 86               |                                | Bus R               | toute Mileage   |                 | 71                       |  |
| Vehicle I.D. #  | License          | #                              | □ District          | : Owned<br>ct - If so, Name of Owner <b>I</b>             | Contractor C    |                          |  |
| 2185  | 5185             |                                | □ Contra            | cted rate per mile  |                 | <u> </u>                 |  |
| Reimbursement Distribution- En  | ter the legal er |                                | ige of state/co     |   | aid to each dis | trict. Note: Percentages |  |
| Legal Entity<br>0584  | Legal E          |                                | Legal E             |   | Legal Entit     | у                        |  |
| % 100.00  | %                |                                | %                   |   | %               |                          |  |
| PASSENGER INFORMATION   |                  | EL EMENTA DV DIE               | 2500                | Lucu coulogi Bi   | DEDO            | TOTAL                    |  |
| Number of Preschool/Kindergard riding this route  | ten pupils       | ELEMENTARY RII<br>(Grades PK-8 |                     | HIGH SCHOOL RI<br>(Grades 9-12                            |                 | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                  | a<br>NUMBER                    |                     | b<br>NUMBER   |                 | c<br>a+b                 |  |
| Regular (include eligible Preschool/K riders)   | Cindergarten     | NOMBLA                         |                     | NOWBER  |                 | a + b                    |  |
| 1st Wheelchair (WC)   |                  |                                |                     |   |                 |                          |  |
| 2nd Wheelchair (WC)   |                  |                                |                     |   |                 |                          |  |
| Additional Wheelchairs (WC)   |                  |                                |                     |   |                 |                          |  |
| Non-WC IEP Lists Trans as Related   | Service          |                                |                     |   |                 |                          |  |
| TOTAL ELIGIBLE RIDERS   |                  |                                |                     |   |                 |                          |  |
| Ineligible Public School Riders (i.e., to miles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance             |                                |                     |   |                 |                          |  |
| TOTAL RIDERS  |                  |                                |                     |   |                 |                          |  |
|   |                  |                                |                     |   |                 |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                  |                                |                     |   |                 |                          |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                  |                                |                     |   |                 |                          |  |
| Signature - Chair, Board of Trustees  |                  | <u> </u>                       |                     |   | Date            |                          |  |
| County T This Application for Registration area assigned to it by the Count   | of School Bus    | and State Reimbursemer         |                     | accordance with Section 2 eviewed and I certify that this |                 |                          |  |
| Signature - Chair, County Transporta  |                  |                                |                     |   | Date            |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda  |           |            |                                  |                       |                                     |                                 | one form for e   | ach bus route that        |
|---|-----------|------------|----------------------------------|-----------------------|-------------------------------------|---------------------------------|------------------|---------------------------|
| receives state reimbursement e  | ven ind   | ougn trar  | isportees of another legal e     | entity may u          | tilize the sei                      | rvices.                         |                  | Rate Per Mile             |
| <b>Due Dates</b><br>All Routes  |           |            |                                  | ounty Sup<br>ober 1   | t                                   | To OPI<br>October 15            |                  | \$1.57                    |
| County Name   |           |            | County Number                    | District              | Name                                |                                 |                  | Legal Entity Number       |
| Missoula  |           |            | 32                               | Misso                 | ula Co P                            | ublic Schls                     | 0583 0584        |                           |
| Route #   | Leng      | th of Rou  | ite (miles per day)              |                       | f Service                           | ☐ Bus Route Mil                 |                  | Rated Capacity            |
| 10hb  | 14        |            |                                  | Bus F                 | □ Non Bus Mileage Bus Route Mileage |                                 |                  | 71                        |
| Vehicle I.D. #  | License # |            | □ Distric                        | ☐ District Owned C    |                                     |                                 | Contractor Owned |                           |
| 2508  |           | 1827       |                                  |                       | act - If so, Nacted rate pe         | ame of Owner E<br>er mile       | Beach Tran       | sportation<br>—           |
| Reimbursement Distribution- En  | ter the   | e legal en |                                  |                       |                                     | ursement to be pa               | aid to each dis  | strict. Note: Percentages |
| Legal Entity  |           | Legal E    |                                  | atch budge<br>Legal E |                                     |                                 | Legal Entit      | у                         |
| 0583  |           |            |                                  |                       |                                     |                                 |                  |                           |
| % 100.00  |           | %          |                                  | %                     |                                     |                                 | %                |                           |
| PASSENGER INFORMATION   |           |            | ELEMENTA DV DIDI                 | -D0                   | 1                                   | IOLLOGIACI BU                   | DED0             | TOTAL                     |
| Number of Preschool/Kindergar riding this route   | ten pu    | pils       | ELEMENTARY RIDE<br>(Grades PK-8) | =KS                   | H                                   | IGH SCHOOL RII<br>(Grades 9-12) |                  | TOTAL<br>ELIGIBLE RIDERS  |
|   |           |            | a<br>NUMBER                      |                       |                                     | b<br>NUMBER                     |                  | c<br>a+b                  |
| Regular (include eligible Preschool/Friders)  | Kinderga  | arten      |                                  |                       |                                     |                                 |                  |                           |
| 1st Wheelchair (WC)   |           |            |                                  |                       |                                     |                                 |                  |                           |
| 2nd Wheelchair (WC)   |           |            |                                  |                       |                                     |                                 |                  |                           |
| Additional Wheelchairs (WC)   |           |            |                                  |                       |                                     |                                 |                  |                           |
| Non-WC IEP Lists Trans as Related   | Service   | е          |                                  |                       |                                     |                                 |                  |                           |
| TOTAL ELIGIBLE RIDERS   |           |            |                                  |                       |                                     |                                 |                  |                           |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)  |           | 3          |                                  |                       |                                     |                                 |                  |                           |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | arten ri  | iders)     |                                  |                       |                                     |                                 |                  |                           |
| TOTAL RIDERS  |           |            |                                  |                       |                                     |                                 |                  |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |           |            |                                  |                       |                                     |                                 |                  |                           |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |           |            |                                  |                       |                                     |                                 |                  |                           |
| Signature - Chair, Board of Trustees  |           |            |                                  |                       |                                     |                                 | Date             |                           |
| County 1 This Application for Registration area assigned to it by the Count   | of Sch    | hool Bus   |                                  |                       |                                     |                                 |                  |                           |
| Signature - Chair, County Transporta  | _         | _          | Johnmade.                        |                       |                                     |                                 | Date             |                           |
|   |           |            |                                  |                       |                                     |                                 |                  |                           |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordanc receives state reimbursement even  |                |                                  |                              |                                 | one form for ea | ach bus route that       |  |  |
|---|----------------|----------------------------------|------------------------------|---------------------------------|-----------------|--------------------------|--|--|
| <b>Due Dates:</b><br>All Routes   | -              |                                  | county Suprober 1            | t To OPI<br>October 15          |                 | Rate Per Mile<br>\$1.57  |  |  |
| County Name   |                | County Number                    | District                     | Name                            |                 | Legal Entity Number      |  |  |
| Missoula  |                | 32                               | Misso                        | ula Co Public Schls             |                 | 0583 0584                |  |  |
| Route #   | ength of Rou   | ite (miles per day)              | Type of                      | Service   Bus Route Mi          | J               | Rated Capacity           |  |  |
| 10hcd 1   | 14             |                                  | Bus R                        | □ Non Bus Mile<br>Soute Mileage | age             | 71                       |  |  |
| Vehicle I.D. #  | License        | #                                | □ District                   |                                 | Contractor C    |                          |  |  |
| 2508  | 1827           |                                  |                              | ct - If so, Name of Owner       | Beach Trans     | sportation<br>—          |  |  |
| Reimbursement Distribution- Enter   | r the legal en |                                  | e of state/co<br>atch budget |                                 | aid to each dis | trict. Note: Percentages |  |  |
| Legal Entity<br>0583  | Legal Er       |                                  | Legal E                      |                                 | Legal Entit     | У                        |  |  |
| % 100.00  | %              |                                  | %                            |                                 | %               |                          |  |  |
| PASSENGER INFORMATION   | 70             |                                  | 70                           |                                 |                 |                          |  |  |
| Number of Preschool/Kindergarter riding this route  | n pupils       | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                          | HIGH SCHOOL RI<br>(Grades 9-12  |                 | TOTAL<br>ELIGIBLE RIDERS |  |  |
|   |                | a<br>NUMBER                      |                              | b<br>NUMBER                     |                 | c<br>a+b                 |  |  |
| Regular (include eligible Preschool/Kind  | dergarten      | NOMBER                           |                              | NOMBER                          |                 | a + D                    |  |  |
| riders) 1st Wheelchair (WC)   |                |                                  |                              |                                 |                 |                          |  |  |
| 2nd Wheelchair (WC)   |                |                                  |                              |                                 |                 |                          |  |  |
| Additional Wheelchairs (WC)   |                |                                  |                              |                                 |                 |                          |  |  |
| Non-WC IEP Lists Trans as Related Se  | ervice         |                                  |                              |                                 |                 |                          |  |  |
| TOTAL ELIGIBLE RIDERS   |                |                                  |                              |                                 |                 |                          |  |  |
| Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant agreement) (Include ineligible Preschool/Kindergart Nonpublic School Riders (ineligible)   | ce             |                                  |                              |                                 |                 |                          |  |  |
| TOTAL RIDERS  |                |                                  |                              |                                 |                 |                          |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                |                                  |                              |                                 |                 |                          |  |  |
| This Application for Registration of  | f School Bus   | and State Reimbursement          |                              | accordance with Section a       |                 |                          |  |  |
| area assigned to it by the County Signature - Chair, County Transportation  |                | n Committee.                     |                              |                                 | Date            |                          |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$1.57 Legal Entity Number 0583 0584 Rated Capacity 71

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** October 15 All Routes October 1 County Name County Number District Name Missoula Co Public Schls Missoula Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) □ Non Bus Mileage 10bb 13 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation C900 5117 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0583 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordan receives state reimbursement even   |                         | ,                   |                                  |                       | •  |                             |                           |  |
|---|-------------------------|---------------------|----------------------------------|-----------------------|--|-----------------------------|---------------------------|--|
| <b>Due Dates</b> :<br>All Routes  | :                       |                     |                                  | ounty Sup<br>ber 1    | t To OPI<br>October 15   |                             | Rate Per Mile<br>\$1.57   |  |
| County Name   |                         |                     | County Number                    | District              | Name   |                             | Legal Entity Number       |  |
| Missoula 32   |                         |                     |                                  | Misso                 | ula Co Public Schls  |                             | 0583 0584                 |  |
| Route #   | Length of               | Route               | (miles per day)                  | Type of               | f Service   Bus Route Mi  Non Bus Mile   | U                           | Rated Capacity            |  |
| 7hb   | 14                      |                     |                                  | Bus F                 | Route Mileage  |                             | 71                        |  |
| Vehicle I.D. # 0570   | 185                     | nse #<br>50         |                                  |                       | t Owned Country Countr | Contractor C<br>Beach Trans |                           |  |
| Reimbursement Distribution- Ent   | er the lega             | al entity           |                                  | e of state/co         | unty reimbursement to be p   | aid to each dis             | strict. Note: Percentages |  |
| Legal Entity<br>0583  | Lega                    | al Entity           |                                  | atch budge<br>Legal E |  | Legal Entit                 | у                         |  |
| % 100.00  | 0                       | <b>%</b>            |                                  | %                     |  | %                           |                           |  |
| PASSENGER INFORMATION   |                         |                     |                                  |                       |  |                             | -                         |  |
| Number of Preschool/Kindergarte riding this route   | en pupils               |                     | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                   | HIGH SCHOOL RI<br>(Grades 9-12   |                             | TOTAL<br>ELIGIBLE RIDERS  |  |
|   |                         |                     | a<br>NUMBER                      |                       | b<br>NUMBER  |                             | C                         |  |
| Regular (include eligible Preschool/Ki  | indergarten             |                     | NUMBER                           |                       | NOWBER   |                             | a + b                     |  |
| riders) 1st Wheelchair (WC)   |                         |                     |                                  |                       |  |                             |                           |  |
| 2nd Wheelchair (WC)   |                         |                     |                                  |                       |  |                             |                           |  |
| Additional Wheelchairs (WC)   |                         |                     |                                  |                       |  |                             |                           |  |
| Non-WC IEP Lists Trans as Related S   | Service                 |                     |                                  |                       |  |                             |                           |  |
| TOTAL ELIGIBLE RIDERS   |                         |                     |                                  |                       |  |                             |                           |  |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)<br>(Include ineligible Preschool/Kinderga   | ince                    |                     |                                  |                       |  |                             |                           |  |
| Nonpublic School Riders (ineligible)  |                         |                     |                                  |                       |  |                             |                           |  |
| TOTAL RIDERS  |                         |                     |                                  |                       |  |                             |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                         |                     |                                  |                       |  |                             |                           |  |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date  |                         |                     |                                  |                       |  |                             |                           |  |
| Signature - Chair, board or trustees  |                         |                     |                                  |                       |  | Date                        |                           |  |
| This Application for Registration area assigned to it by the County   | of School I<br>Transpor | Bus and<br>tation C | d State Reimbursement            |                       | accordance with Section 2 eviewed and I certify that this  |                             |                           |  |
| Signature - Chair, County Transportat   | tion Commit             | tee                 |                                  |                       |  | Date                        |                           |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement events.  |                                  |                                 |                         |   | one form for ea             | ach bus route that       |  |  |
|---|----------------------------------|---------------------------------|-------------------------|---|-----------------------------|--------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |                                  |                                 | County Suprober 1       | To OPI<br>October 15                                      |                             | Rate Per Mile<br>\$1.57  |  |  |
| County Name   |                                  | County Number                   | District                | Name  |                             | Legal Entity Number      |  |  |
| Missoula  |                                  | 32                              |                         | ula Co Public Schls                                       |                             | 0583 0584                |  |  |
| Route #   | Length of Rou                    | ite (miles per day)             | Type of                 | Service   Bus Route Mi  Non Bus Mile                      | 0                           | Rated Capacity           |  |  |
| 5hb   | 22                               | ш                               | T .                     | toute Mileage   |                             | 71                       |  |  |
| Vehicle I.D. # 2954   | License                          | #                               |                         | : Owned Ct - If so, Name of Owner Ct cted rate per mile   | Contractor C<br>Beach Trans |                          |  |  |
| Reimbursement Distribution- En  | iter the legal en                |                                 | je of state/co          | unty reimbursement to be p                                | aid to each dis             | trict. Note: Percentages |  |  |
| Legal Entity  | Legal E                          |                                 | natch budget<br>Legal E |   | Legal Entit                 | у                        |  |  |
| 0583  |                                  |                                 |                         |   |                             |                          |  |  |
| % 100.00  | %                                |                                 | %                       |   | %                           |                          |  |  |
| PASSENGER INFORMATION   |                                  |                                 |                         |   |                             |                          |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupils                       | ELEMENTARY RID<br>(Grades PK-8) | ERS                     | HIGH SCHOOL RI<br>(Grades 9-12                            |                             | TOTAL<br>ELIGIBLE RIDERS |  |  |
|   |                                  | a                               |                         | b   |                             | C                        |  |  |
| Regular (include eligible Preschool/k   | Kindergarten                     | NUMBER                          |                         | NUMBER  |                             | a + b                    |  |  |
| riders) 1st Wheelchair (WC)   |                                  |                                 |                         |   |                             |                          |  |  |
| 2nd Wheelchair (WC)   |                                  |                                 |                         |   |                             |                          |  |  |
| Additional Wheelchairs (WC)   |                                  |                                 |                         |   |                             |                          |  |  |
| Non-WC IEP Lists Trans as Related   | Service                          |                                 |                         |   |                             |                          |  |  |
| TOTAL ELIGIBLE RIDERS   |                                  |                                 |                         |   |                             |                          |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | ance                             |                                 |                         |   |                             |                          |  |  |
| TOTAL RIDERS  |                                  |                                 |                         |   |                             |                          |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                                  |                                 |                         |   |                             |                          |  |  |
| Signature - Chair, Board of Trustees  |                                  |                                 |                         |   | Date                        |                          |  |  |
| This Application for Registration area assigned to it by the Count  | of School Bus<br>y Transportatio | and State Reimbursement         |                         | accordance with Section 2 eviewed and I certify that this |                             |                          |  |  |
| Signature - Chair, County Transporta  | ation Committee                  |                                 |                         |   | Date                        |                          |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |  |  |   |  | plete one form for e  | each bus route that          |
|---|--|--|---|--|---|------------------------------|
|   | -  |  |   |  |   | Rate Per Mile                |
| Due Dates All Routes  |  |  | To County Supt To OPI October 1 October       |  |   | \$1.57                       |
| County Name   |  | County Number  | District                                      | Name   |   | Legal Entity Number          |
| Missoula  |  | 32   | Misso   | ula Co Public Sch  | nls   | 0583 0584                    |
| Route #   | Length of Rout   | e (miles per day)  | Type of                                       |  | ute Mileage   | Rated Capacity               |
| 5HA   | 22   |  | Bus R   | □ Non Bu<br>Route Mileage  | s Mileage   | 71                           |
| Vehicle I.D. #  | License #  | £  | □ District                                    | Owned  | Contractor  |                              |
| 2954  | 1844   |  | □ Contra                                      | ct - If so, Name of Ow cted rate per mile  |   | •                            |
| Reimbursement Distribution- En  | iter the legal enti  |  | of state/co                                   |  | o be paid to each di  | strict. Note: Percentages    |
| Legal Entity  | Legal En   |  | Legal E                                       |  | Legal Ent   | ity                          |
| 0584  |  |  |   |  |   |                              |
| % 100.00  | %  |  | %   |  | %   |                              |
| PASSENGER INFORMATION   | _  |  |   |  |   | T0T11                        |
| Number of Preschool/Kindergar   | ten pupils   | ELEMENTARY RIDE<br>(Grades PK-8)   | RS  | HIGH SCHO<br>(Grade  |   | TOTAL<br>ELIGIBLE RIDERS     |
| riding this route   | <u> </u>   | , ,  |   | ,  | ,   |                              |
|   |  | a  |   | , , ,  | •   | c <sub>.</sub>               |
| Regular (include eligible Preschool/h   | Kindergarten   | NUMBER   |   | NUM  | IREK  | a + b                        |
| riders) 1st Wheelchair (WC)   |  |  |   |  |   |                              |
| 2nd Wheelchair (WC)   |  |  |   |  |   |                              |
| Additional Wheelchairs (WC)   |  |  |   |  |   |                              |
| Non-WC IEP Lists Trans as Related   | Service  |  |   |  |   |                              |
| TOTAL ELIGIBLE RIDERS   |  |  |   |  |   |                              |
| Ineligible Public School Riders (i.e.,  |  |  |   |  |   |                              |
| miles OR nonresident and no attend agreement)   |  |  |   |  |   |                              |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | jarten riders)   |  |   |  |   |                              |
| TOTAL RIDERS  |  |  |   |  |   |                              |
|   |  |  |   |  |   |                              |
| We hereby certify that this bus wi<br>County Transportation Committee. We agree to supervision of this b<br>required; to provide a vehicle which<br>Superintendent; and to provide a lice | We further certify the<br>us and bus route be<br>meets the minimur | nat this bus transports pupils el<br>y the State Superintendent; to<br>n standards as established by | igible for sch<br>make such r<br>the Board of | nool transportation as def<br>reports to the State Super<br>Public Education, the Mo | ined by 20-10-101, Mo<br>rintendent and County<br>ontana Highway Patrol | CA.<br>Superintendent as are |
| We also agree to refrain from soli<br>We understand that violations of<br>this bus route.   |  |  |   |  | or withholding of state a   | and county reimbursement for |
| We agree that if this route crosse the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.  | nall be attached to  | the county superintendent's co   | py of this do                                 | cument.  |   |                              |
| I certify that this application for r<br>bus operates on the route as ap  |  |  |   |  |   |                              |
| Signature - Chair, Board of Trustees  |  | Maini tilo transportation sei  | יוטט מוכמ מ                                   | looigiled by the count   | Date  | minutes.                     |
|   |  |  |   |  |   |                              |
| County 1 This Application for Registration area assigned to it by the Count   | of School Bus a  |  |   |  |   |                              |
| Signature - Chair, County Transporta  |  |  |   |  | Date  |                              |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Public Pates   Preschook   P   | This form is required in accordance receives state reimbursement ever   |                 |                       |          |                          |                                |                | form for ea  | ach bus route that       |
|--|---|-----------------|-----------------------|----------|--------------------------|--------------------------------|----------------|--------------|--------------------------|
| Missoula    Soula   S  |   |                 |                       |          |                          |                                |                |              |                          |
| Reviber # Length of Route (miles per day)  Type of Service   Bus Route Mileage   Rated Capacity   Non Bus Mileage   Bus Route  | County Name   |                 | County Number         | r        | District                 | Name                           |                |              | Legal Entity Number      |
| Non Bus Mileage   71   | Missoula  |                 | 32                    |          | Missoula Co Public Schls |                                |                |              | 0583 0584                |
| Pass      | Route #   | Length of R     | oute (miles per day)  |          | Type of                  | Type of Service ☐ Bus Route Mi |                |              | Rated Capacity           |
| Contract - if so, Name of Owner   Beach Transportation   | 7HA :   | 22              |                       |          | Bus R                    |                                | n Bus Mileage  | ·            | 71                       |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity   | Vehicle I.D. #  | Licens          | e #                   |          |                          |                                |                |              |                          |
| Legal Entity Usas Legal Entity Usas Legal Entity Usas Legal Entity Usas ELEMENTARY RIDERS (Grades PK-9) UNIMBER UN | 0570  | 1850            |                       |          |                          |                                |                | ach Irans    | sportation<br>—          |
| Legal Entity 0584  % 100.00  % 9%  %  TOTAL Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten riders)  A D D D D D D D D D D D D D D D D D D   | Reimbursement Distribution- Ente  | er the legal of |                       |          |                          |                                | ent to be paid | to each dis  | trict. Note: Percentages |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12)   Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles Of Romersched and the State Superintendent and County Superintendent and county superintendent sagreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent and Superintendent and Experimental County Superintendent and Superintendent superintendent and Superintendent and Superintendent and Superintendent and Superintendent and Supe | 9   | Legal           |                       | naot mat |                          |                                |                | Legal Entity | у                        |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12)   Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles Of Romersched and the State Superintendent and County Superintendent and county superintendent sagreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent and Superintendent and Experimental County Superintendent and Superintendent superintendent and Superintendent and Superintendent and Superintendent and Superintendent and Supe | % 100.00  | %               |                       |          | %                        |                                |                | %            |                          |
| Number of Preschool/Kindergarten pupils riding this route  |   | ,,              |                       |          |                          |                                |                |              |                          |
| Regular (include eligible Preschool/Kindergarten niders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (iie, under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (iie, under 3 miles OR nonresident and no attendance agreement)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation or of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-1013, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus noute.  We agree to stiff this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We understand that violations of the laws, rules or regulations governing schoo |   | n pupils        |                       |          | RS                       |                                |                | RS           | _                        |
| Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR norresident and no attendance agreement) (include ineligible) TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports public eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas. We understand that violations of the laws, rules or regulations governing school transportation areas.  We understand that violations of the |   |                 |                       | ED       |                          | ,                              |                |              | -                        |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible) Richard Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible) TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as a setablished by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a locansed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-13 |   | ndergarten      | NOIVID                | DER      |                          | <u>'</u>                       | NOMBER         |              | a + b                    |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Prublic Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.   |   |                 |                       |          |                          |                                |                |              |                          |
| Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.   | 2nd Wheelchair (WC)   |                 |                       |          |                          |                                |                |              |                          |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-1013, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  | Additional Wheelchairs (WC)   |                 |                       |          |                          |                                |                |              |                          |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.                   | Non-WC IEP Lists Trans as Related S   | ervice          |                       |          |                          |                                |                |              |                          |
| miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  | TOTAL ELIGIBLE RIDERS   |                 |                       |          |                          |                                |                |              |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  | miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergar   | nce             |                       |          |                          |                                |                |              |                          |
| County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  | TOTAL RIDERS  |                 |                       |          |                          |                                |                |              |                          |
|  | We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                 |                       |          |                          |                                |                |              |                          |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  | This Application for Registration of  | of School Bu    | is and State Reimburs |          |                          |                                |                |              |                          |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |   |                 |                       |          |                          |                                | D              | ate          |                          |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e  | ven thoug            | gh transp                | ortees of another legal er        | itity may utilize th  | e services.                      | Rate Per Mile   |                          |  |
|---|----------------------|--------------------------|-----------------------------------|---|----------------------------------|-----------------|--------------------------|--|
| Due Dates   |                      |                          |                                   | ounty Supt  | To OPI                           |                 |                          |  |
| All Routes  |                      |                          | Octob                             | er 1  | October 15                       | ;               | \$1.57                   |  |
| County Name   |                      |                          | County Number                     | District Name   |                                  |                 | Legal Entity Number      |  |
| Missoula  |                      |                          |                                   | Missoula C  | o Public Schls                   |                 | 0583 0584                |  |
| Route #   | Length               | of Route                 | (miles per day)                   | Type of Servi   | ce 🗆 Bus Route Mil               |                 | Rated Capacity           |  |
| 1hc   | 22                   |                          |                                   | Bus Route   | □ Non Bus Milea Mileage          | age             | 71                       |  |
| Vehicle I.D. #  | Lic                  | cense #                  |                                   | □ District Owne   | ed C                             | Contractor C    |                          |  |
| 2187  | 51                   | 187                      |                                   | <ul><li>□ Contract - If s</li><li>□ Contracted ra</li></ul> | so, Name of Owner Eate per mile  | Beach Trans     | sportation<br>—          |  |
| Reimbursement Distribution- En  | iter the le          | gal entity               |                                   | of state/county retch budget!                               | eimbursement to be pa            | aid to each dis | trict. Note: Percentages |  |
| Legal Entity  | Le                   | egal Entity              |                                   | Legal Entity  |                                  | Legal Entity    | y                        |  |
| 0583  |                      |                          |                                   |   |                                  |                 |                          |  |
| % 100.00  |                      | %                        |                                   | %   |                                  | %               |                          |  |
| PASSENGER INFORMATION   |                      |                          |                                   |   |                                  |                 |                          |  |
| Number of Preschool/Kindergar riding this route   | ten pupils           | 5                        | ELEMENTARY RIDEF<br>(Grades PK-8) | RS  | HIGH SCHOOL RII<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                      |                          | a<br>NUMBER                       |   | b<br>NUMBER                      |                 | c<br>a + b               |  |
| Regular (include eligible Preschool/kriders)  | Kindergarte          | en                       |                                   |   |                                  |                 |                          |  |
| 1st Wheelchair (WC)   |                      |                          |                                   |   |                                  |                 |                          |  |
| 2nd Wheelchair (WC)   |                      |                          |                                   |   |                                  |                 |                          |  |
| Additional Wheelchairs (WC)   |                      |                          |                                   |   |                                  |                 |                          |  |
| Non-WC IEP Lists Trans as Related   | Service              |                          |                                   |   |                                  |                 |                          |  |
| TOTAL ELIGIBLE RIDERS   |                      |                          |                                   |   |                                  |                 |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg  | ance                 | rs)                      |                                   |   |                                  |                 |                          |  |
| Nonpublic School Riders (ineligible)  |                      |                          |                                   |   |                                  |                 |                          |  |
| TOTAL RIDERS  |                      |                          |                                   |   |                                  |                 |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                      |                          |                                   |   |                                  |                 |                          |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                      |                          |                                   |   |                                  |                 |                          |  |
| Signature - Chair, Board of Trustees  | i                    |                          |                                   |   |                                  | Date            |                          |  |
| This Application for Registration area assigned to it by the Count  | of School<br>Transpo | ol Bus and<br>ortation C |                                   | •   |                                  | •               |                          |  |
| Signature - Chair, County Transporta  | ation Comr           | mittee                   |                                   |   |                                  | Date            |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement events.        |           |                |                                 |                     |  | one form for e    | ach bus route that           |
|---|-----------|----------------|---------------------------------|---------------------|--|-------------------|------------------------------|
|   |           | ugii iiaiisp   | •                               |                     |  |                   | Rate Per Mile                |
| <b>Due Dates</b><br>All Routes  |           |                | <b>To Co</b><br>Octo            | ounty Supt<br>per 1 | t To OPI<br>October 15                       |                   | \$1.57                       |
| County Name   |           |                | County Number                   | District            | Name   |                   | Legal Entity Number          |
| Missoula  |           |                | 32                              | Misso               | ula Co Public Schls                          |                   | 0583 0584                    |
| Route #   | Lengt     | h of Route     | (miles per day)                 | Type of             | f Service   Bus Route M                      |                   | Rated Capacity               |
| K1  | 18        |                |                                 | Bus R               | □ Non Bus Mile<br>Route Mileage              | eage              | 71                           |
| Vehicle I.D. #  | ı         | License #      |                                 | □ District          | t Owned                                      | Contractor (      |                              |
| 3944  | ,         | 9654           |                                 |                     | ct - If so, Name of Owner cted rate per mile | Beach Tran        | sportation<br>—              |
| Reimbursement Distribution- En  | ter the   | legal entity   |                                 | of state/co         |  | oaid to each di   | strict. Note: Percentages    |
| Legal Entity  |           | Legal Entit    |                                 | Legal E             |  | Legal Enti        | ty                           |
| 0583  |           |                |                                 |                     |  |                   |                              |
| % 100.00  |           | %              |                                 | %                   |  | %                 |                              |
| PASSENGER INFORMATION   |           |                | ELEMENTARY RIDE                 | DC                  | HIGH SCHOOL R                                | IDEDO             | TOTAL                        |
| Number of Preschool/Kindergar riding this route                               | ten pup   | oils           | (Grades PK-8)                   | KS                  | (Grades 9-1)                                 |                   | ELIGIBLE RIDERS              |
| Tiding this route   |           |                | a                               |                     | b  |                   | С                            |
| Regular (include eligible Preschool/k   | (indorgo  | urton          | NUMBER                          |                     | NUMBER                                       |                   | a + b                        |
| riders)   | Miluerga  | irteri         |                                 |                     |  |                   |                              |
| 1st Wheelchair (WC)   |           |                |                                 |                     |  |                   |                              |
| 2nd Wheelchair (WC)   |           |                |                                 |                     |  |                   |                              |
| Additional Wheelchairs (WC)   |           |                |                                 |                     |  |                   |                              |
| Non-WC IEP Lists Trans as Related   | Service   |                |                                 |                     |  |                   |                              |
| TOTAL ELIGIBLE RIDERS   |           |                |                                 |                     |  |                   |                              |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend     |           |                |                                 |                     |  |                   |                              |
| agreement) (Include ineligible Preschool/Kinderg                              |           | ters)          |                                 |                     |  |                   |                              |
| Nonpublic School Riders (ineligible)  | arten ne  | 2013)          |                                 |                     |  |                   |                              |
| TOTAL RIDERS  |           |                |                                 |                     |  |                   |                              |
| We hereby certify that this bus wi  | II operat | e entirely on  | the route established by the    | Board of Tru        | I<br>ustees and within the transporta        | ation area assign | ed and approved by the       |
| County Transportation Committee. \ We agree to supervision of this be         | Ne furth  | er certify tha | t this bus transports pupils e  | ligible for sch     | nool transportation as defined b             | y 20-10-101, MC   | CA.                          |
| required; to provide a vehicle which is Superintendent; and to provide a lice | meets th  | ne minimum s   | standards as established by     | the Board of        | Public Education, the Montana                | Highway Patrol    |                              |
| We also agree to refrain from soli<br>We understand that violations of        | citing or | causing oth    | ers to solicit students from of | her transport       | tation areas.                                |                   | and county reimbursement for |
| this bus route.  We agree that if this route crosse                           |           |                |                                 |                     |  |                   |                              |
| the school boards of both districts sh<br>We understand route changes on      | all be at | ttached to the | e county superintendent's co    | py of this doo      | cument.                                      | ,                 | ( ) , , ,                    |
| accordance with 20-10-132, MCA.   |           |                |                                 |                     |  |                   |                              |
| I certify that this application for r bus operates on the route as ap         |           |                |                                 |                     |  |                   |                              |
| Signature - Chair, Board of Trustees  |           |                |                                 |                     |  | Date              |                              |
| County 1  | ransna    | ortation Co    | ommittee Approval as r          | equired in          | accordance with Section                      | 20-10-132 MG      | CA.                          |
| This Application for Registration area assigned to it by the Count            | of Sch    | ool Bus an     | d State Reimbursement I         |                     |  |                   |                              |
| Signature - Chair, County Transporta  | ation Co  | mmittee        |                                 |                     |  | Date              |                              |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   |                  |                                |                         |   | one form for ea             | ach bus route that       |  |
|---|------------------|--------------------------------|-------------------------|---|-----------------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |                  |                                | County Sup              | t To OPI<br>October 15                                    |                             | Rate Per Mile<br>\$1.57  |  |
| County Name   |                  | County Number                  | District                | Name  |                             | Legal Entity Number      |  |
| Missoula  |                  | 32                             |                         | ula Co Public Schls                                       |                             | 0583 0584                |  |
| Route #   | Length of Ro     | ute (miles per day)            | Type of                 | F Service ☐ Bus Route Mi☐ Non Bus Mile                    | 5 -                         | Rated Capacity           |  |
| 2SA   | 18               | "                              | 1 '                     | toute Mileage   |                             | 71                       |  |
| Vehicle I.D. # 1435   | License          | ·#                             |                         | : Owned Ct - If so, Name of Owner Ct cted rate per mile   | Contractor C<br>Beach Trans |                          |  |
| Reimbursement Distribution- En  | ter the legal er |                                | age of state/co         | unty reimbursement to be p                                | aid to each dis             | trict. Note: Percentages |  |
| Legal Entity<br>0584  | Legal E          |                                | match budger<br>Legal E |   | Legal Entit                 | у                        |  |
| % 100.00  | %                |                                | %                       |   | %                           |                          |  |
| PASSENGER INFORMATION   | 70               |                                |                         |   |                             |                          |  |
| Number of Preschool/Kindergard  | ten pupils       | ELEMENTARY RII<br>(Grades PK-8 |                         | HIGH SCHOOL RI<br>(Grades 9-12                            |                             | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                  | a                              |                         | b   |                             | C                        |  |
| Regular (include eligible Preschool/k   | Kindergarten     | NUMBER                         |                         | NUMBER  |                             | a + b                    |  |
| 1st Wheelchair (WC)   |                  |                                |                         |   |                             |                          |  |
| 2nd Wheelchair (WC)   |                  |                                |                         |   |                             |                          |  |
| Additional Wheelchairs (WC)   |                  |                                |                         |   |                             |                          |  |
| Non-WC IEP Lists Trans as Related   | Service          |                                |                         |   |                             |                          |  |
| TOTAL ELIGIBLE RIDERS   |                  |                                |                         |   |                             |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance             |                                |                         |   |                             |                          |  |
| TOTAL RIDERS  |                  |                                |                         |   |                             |                          |  |
|   |                  |                                |                         |   |                             |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                  |                                |                         |   |                             |                          |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                  |                                |                         |   |                             |                          |  |
| Signature - Chair, Board of Trustees  |                  |                                |                         |   | Date                        |                          |  |
| County T This Application for Registration area assigned to it by the Count   | of School Bus    | and State Reimburseme          |                         | accordance with Section 2 eviewed and I certify that this |                             |                          |  |
| Signature - Chair, County Transporta  |                  |                                |                         |   | Date                        |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 2 receives state reimbursement even though trar  | 0, Chapter 10, Part 1, MCA.  | School dis                    | strict official must complete                                      | one form for e                      | ach bus route that          |
|---|--|-------------------------------|--|-------------------------------------|-----------------------------|
| _   | -  |                               |  |                                     | Rate Per Mile               |
| <b>Due Dates:</b><br>All Routes   | Octob  | ounty Supt<br>per 1           | t <b>To OPI</b><br>October 15                                      |                                     | \$1.57                      |
| County Name   | County Number  | District                      | Name   |                                     | Legal Entity Number         |
| Missoula  | 32   | Misso                         | ula Co Public Schls  |                                     | 0583 0584                   |
|   | ute (miles per day)  |                               | Service   Bus Route Mi   |                                     | Rated Capacity              |
| 3hcd 18   |  | Bus R                         | □ Non Bus Mile<br>coute Mileage                                    | age                                 | 71                          |
| Vehicle I.D. # License  | #  | □ District                    | Owned (  | Contractor (                        |                             |
| 2185 5185   |  | □ Contra                      | ct - If so, Name of Owner 【<br>cted rate per mile                  |                                     | <u> </u>                    |
| Reimbursement Distribution- Enter the legal en  |  | of state/co<br>tch budget     |  | aid to each dis                     | strict. Note: Percentages   |
| Legal Entity Legal E  |  | Legal E                       |  | Legal Entit                         | ty                          |
| 0583  |  |                               |  |                                     |                             |
| % 100.00 %  |  | %                             |  | %                                   |                             |
| PASSENGER INFORMATION   |  |                               |  |                                     |                             |
| Number of Preschool/Kindergarten pupils   | ELEMENTARY RIDEF<br>(Grades PK-8)  | RS                            | HIGH SCHOOL RI<br>(Grades 9-12                                     |                                     | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   |  |                               |  |                                     |                             |
|   | a  |                               | b  |                                     | C                           |
| Regular (include eligible Preschool/Kindergarten  | NUMBER   |                               | NUMBER   |                                     | a + b                       |
| riders) 1st Wheelchair (WC)   |  |                               |  |                                     |                             |
| 2nd Wheelchair (WC)   |  |                               |  |                                     |                             |
| Additional Wheelchairs (WC)   |  |                               |  |                                     |                             |
| Non-WC IEP Lists Trans as Related Service   |  |                               |  |                                     |                             |
| TOTAL ELIGIBLE RIDERS   |  |                               |  |                                     |                             |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance   |  |                               |  |                                     |                             |
| agreement) (Include ineligible Preschool/Kindergarten riders)   |  |                               |  |                                     |                             |
| Nonpublic School Riders (ineligible)  |  |                               |  |                                     |                             |
| TOTAL RIDERS  |  |                               |  |                                     |                             |
| We hereby certify that this bus will operate entirely   | on the route established by the  | Poard of Tru                  | etoes and within the transports                                    | tion area assign                    | and approved by the         |
| We hereby certify that this bus will operate entirely<br>County Transportation Committee. We further certify<br>We agree to supervision of this bus and bus route   | that this bus transports pupils eli<br>by the State Superintendent; to r | gible for sch<br>make such r  | nool transportation as defined by eports to the State Superintende | / 20-10-101, MC<br>ent and County : | A.<br>Superintendent as are |
| required; to provide a vehicle which meets the minimus<br>Superintendent; and to provide a licensed, qualified a<br>We also agree to refrain from soliciting or causing                                   | nd approved driver to operate su others to solicit students from others  | ch vehicle a<br>ner transport | s required by 20-10-103, MCA. tation areas.                        |                                     |                             |
| We understand that violations of the laws, rules or this bus route.   |  | •                             |  | · ·                                 | •                           |
| We agree that if this route crosses district lines and<br>the school boards of both districts shall be attached to<br>We understand route changes occurring during the<br>accordance with 20-10-132, MCA. | the county superintendent's cop  | by of this doo                | cument.  |                                     |                             |
| I certify that this application for registration of s   |  |                               |  |                                     |                             |
| bus operates on the route as approved by and Signature - Chair, Board of Trustees   | within the transportation serv   | vice alea a                   | sogned by the County Iran  | Date Date                           | mmulee.                     |
|   |  |                               |  |                                     |                             |
| County Transportation This Application for Registration of School Bus area assigned to it by the County Transportation  |  |                               |  |                                     |                             |
| Signature - Chair, County Transportation Committee  |  |                               |  | Date                                |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 20, Chapter 10, Part 1, McA. School district official must complete one form for each bus route that receives state received state received state received state received states. The county state of Coroller 1 and the coroller of Cor | This form is required in accordan  | nce with Title   | 20. Chapter 10. Part 1. I   | MCA. S     | School dis  | strict official must com  | plete one form for      | each bus route that          |
|--|--|------------------|-----------------------------|------------|-------------|---------------------------|-------------------------|------------------------------|
| Due Dates: All Routes    Country Name  |  |                  |                             |            |             |                           | proto 0110 101111 101 1 |                              |
| County Name    County Number   | Due Dates  | :                | -                           | To Cou     | nty Supt    | To OPI                    |                         | Rate Per Mile                |
| Missoula    Missoula   Substitution   Substitution  | All Routes   |                  | ,                           | Octobe     | r 1         | October                   | 15                      | \$1.57                       |
| Route # Length of Route (miles per day) Ind Is Bus Route Mileage Bus Route Mileage For Provided in Dead of Touristics of Provided Indication of Provided Indication (Provided Indication Dead of Touristics of Provided Indication Dead of Touristics of Provided Indication Dead of Provided Indication Dead of Touristics of Provided Indication Dead of Provided Indicati | County Name  |                  | County Number               |            | District    | Name                      |                         | Legal Entity Number          |
| Thick ID. #   License #   District Owned   Contractor Owned   2187   5187   5187   District Owned   Contractor Owned   2187   Star   District Owned   Contractor Owned   2188   Contractor Owner   2188   Star   District Owner   2188   Star   Star   Star   2188   Star   Star   Star   2188   Star   Star   Star   2189   Star   Star   Star   Star   Star   2189   Star   Star   Star   Star   Star   2189   Star   Star   Star   Star   Star   Star   2189   Star   Star   Star   Star   Star   Star   Star   2189   Star   Star   Star   Star   Star   Star   Star   Star   2189   Star    |  |                  | 32                          |            | Misso       | ula Co Public Sch         | ls                      | 0583 0584                    |
| Passender information  | Route #  | Length of Ro     | oute (miles per day)        |            | Type of     |                           | U                       | Rated Capacity               |
| 2187   5187   Contract. If so, Name of Owner Beach Transportation  | 1hd  | 18               |                             |            | Bus R       |                           | s ivilleage             | 71                           |
| Reimbursement Distribution- Enter the legal entity number and percentage of state-bounty reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity   | Vehicle I.D. #   | Licens           | e #                         |            |             |                           |                         |                              |
| Legal Entity US83 Legal Entity | 2187   | 5187             |                             |            |             |                           | ner Beach Trar          | nsportation<br>——            |
| Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Repulse (Grades Pick)  Number of Preschool/Kindergarten pupils (Grades Pick)  Number of Pick Pick Pick Pick Pick Pick Pick Pick  | Reimbursement Distribution- Ent  | ter the legal e  |                             |            |             |                           | be paid to each di      | strict. Note: Percentages    |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils  (Grades PK-8)  (Grades PK-8)  (Grades PH-12)  It IGHA SCHOOL RIDERS (Grades 9-12)  It IGHA SCHOOL RIDERS (IGHA SCHOOL RIDERS (IGHA SCHOOL RIDERS (IGHA SCHOOL RIDERS (IGHA SCHOOL RIDERS INUMBER  I |  | Legal            |                             | ist mate   |             |                           | Legal Ent               | ity                          |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route  a b D C C A + b NUMBER NUMBER A + b NUMBER A +  | 0583   |                  |                             |            |             |                           |                         |                              |
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| Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Inding this route  a b C a + b  NUMBER  Regular (include eligible Preschool/Kindergarten inders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Additional Wheelchairs (WC)  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) ((include ineligible Preschool/Kindergarten inders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required: to provide a vehicle which meets the minimum standards as established by the Board of Trustees and within the transportation and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document.  We understand frout changes occurring during the school year require the filing of an amended TK-1 form and approved of the County Transportation Committee in accordance with Section 20-10-132, |  | 70               |                             |            | /0          |                           | 70                      | •                            |
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| Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | We agree to supervision of this bu   | is and bus rout  | e by the State Superintende | ent; to ma | ake such r  | eports to the State Super | intendent and County    | Superintendent as are        |
| We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | Superintendent, and to provide a licer   | nsed, qualified  | and approved driver to oper | rate such  | n vehicle a | s required by 20-10-103,  |                         | and the State                |
| We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | We understand that violations of the   |                  |                             |            |             |                           | r withholding of state  | and county reimbursement for |
| We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  |  | district lines a | nd transports students from | outside    | the distric | , a copy of the agreemen  | t between Boards, 20    | -10-126(2) MCA, signed by    |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  |  |                  |                             |            |             |                           | of the County Transp    | portation Committee in       |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  |  | egistration of   | school bus and state rei    | imburse    | ment is t   | rue and complete to the   | e best of mv know       | ledge and belief, and the    |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  | bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                  |                             |            |             |                           |                         |                              |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | olynature - Chair, Board of Trustees   |                  |                             |            |             |                           | Date                    |                              |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | County Tr  | ransportatio     | n Committee Approval        | l as req   | uired in    | accordance with Sec       | tion 20-10-132, M       | CA.                          |
|  | This Application for Registration  | of School Bu     | s and State Reimbursen      |            |             |                           |                         |                              |
|  |  |                  |                             |            |             |                           | Date                    |                              |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordareceives state reimbursement e  |                |                                 |                |   | olete one form for e | each bus route that       |  |
|---|----------------|---------------------------------|----------------|---|----------------------|---------------------------|--|
| Due Date:   |                |                                 | County Sup     |   |                      | Rate Per Mile             |  |
| All Routes  |                |                                 | ober 1         | October 1                                       | 5                    | \$0.95                    |  |
| County Name   |                | County Number                   | District       | Name  |                      | Legal Entity Number       |  |
| Missoula  |                | 32                              | Misso          | ula Co Public Schl                              | S                    | 0583 0584                 |  |
| Route #   | Length of R    | oute (miles per day)            | Type o         | f Service   Bus Rou                             |                      | Rated Capacity            |  |
| K3  | 19             |                                 | Bus F          | □ Non Bus<br>Route Mileage                      | willeage             | 20                        |  |
| Vehicle I.D. #  | Licens         | se #                            | □ Distric      | t Owned   | Contractor           |                           |  |
| 5925  | 1922           |                                 |                | act - If so, Name of Owr<br>acted rate per mile | ner Beach Trar       | nsportation<br>——         |  |
| Reimbursement Distribution- Er  | nter the legal |                                 | ge of state/co |   | be paid to each di   | strict. Note: Percentages |  |
| Legal Entity  | Legal          | Entity                          | Legal E        |   | Legal Ent            | ity                       |  |
| 0583  |                |                                 |                |   |                      |                           |  |
| % 100.00  | %              |                                 | %              |   | %                    |                           |  |
| PASSENGER INFORMATION   |                | ELEMENTA DV. DID                | - FDC          | HIGH COLLOS                                     | OL DIDEBO            | TOTAL                     |  |
| Number of Preschool/Kindergar   | ten pupils     | ELEMENTARY RID<br>(Grades PK-8) | EKS            | HIGH SCHOO<br>(Grades                           |                      | TOTAL<br>ELIGIBLE RIDERS  |  |
| riding this route   |                |                                 |                |   |                      |                           |  |
|   |                | a                               |                | b   | NED.                 | C                         |  |
| Regular (include eligible Preschool/I   | Kindergarten   | NUMBER                          |                | NUME  | DER                  | a + b                     |  |
| riders) 1st Wheelchair (WC)   |                |                                 |                |   |                      |                           |  |
| 2nd Wheelchair (WC)   |                |                                 |                |   |                      |                           |  |
| Additional Wheelchairs (WC)   |                |                                 |                |   |                      |                           |  |
| Non-WC IEP Lists Trans as Related   | Service        |                                 |                |   |                      |                           |  |
| TOTAL ELIGIBLE RIDERS   |                |                                 |                |   |                      |                           |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                |                                 |                |   |                      |                           |  |
| agreement) (Include ineligible Preschool/Kinderg  | garten riders) |                                 |                |   |                      |                           |  |
| Nonpublic School Riders (ineligible)  |                |                                 |                |   |                      |                           |  |
| TOTAL RIDERS  |                |                                 |                |   |                      |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                |                                 |                |   |                      |                           |  |
| I certify that this application for bus operates on the route as ap   |                |                                 |                |   |                      |                           |  |
| Signature - Chair, Board of Trustees  |                |                                 |                | · · ·   | Date                 |                           |  |
| County This Application for Registration area assigned to it by the Coun  | of School Bu   |                                 |                |   |                      |                           |  |
| Signature - Chair, County Transport   |                |                                 |                |   | Date                 | _                         |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordan  | ce with Title   | 20. Chapter 10. Part 1    | . MCA.     | School dis               | strict official must c                          | omplete one              | form for ea   | ach bus route that          |
|--|-----------------|---------------------------|------------|--------------------------|---|--------------------------|---------------|-----------------------------|
| receives state reimbursement ev  |                 |                           |            |                          |   |                          |               | Rate Per Mile               |
| Due Dates:   | :               |                           |            | unty Supt                |   |                          |               |                             |
| All Routes   |                 |                           | Octob      | <del></del>              |   | per 15                   | <u> </u>      | \$1.36                      |
| County Name  |                 | County Number             |            | District                 | Name  |                          |               | Legal Entity Number         |
| Missoula   |                 | 32                        |            | Hellga                   | te Elementary                                   |                          |               | 0586                        |
| Route #  | Length of Ro    | oute (miles per day)      |            | Type of                  | Type of Service   Bus Route Mile  Non Bus Milea |                          |               | Rated Capacity              |
| 10b  | 19              |                           |            | Bus R                    | oute Mileage                                    | bus ivilleage            |               | 66                          |
| Vehicle I.D. #   | License         | e #                       |            | □ District               |   |                          | tractor C     |                             |
| 8430   | C621            |                           |            |                          | ct - If so, Name of octed rate per mile _       | Owner Hell               | gate Fra      | nsportation<br>—            |
| Reimbursement Distribution- Ent  | er the legal e  |                           |            | of state/co<br>ch budget |   | nt to be paid t          | o each dis    | trict. Note: Percentages    |
| Legal Entity   | Legal           |                           |            | Legal E                  |   | L                        | egal Entity   | /                           |
| 0586   |                 |                           |            |                          |   |                          |               |                             |
| % 100.00   | %               |                           |            | %                        |   |                          | %             | 1                           |
| PASSENGER INFORMATION  |                 |                           |            |                          |   |                          |               |                             |
| Number of Preschool/Kindergarte  | en pupils       | ELEMENTAR)<br>(Grades F   |            | RS                       |   | HOOL RIDEF<br>ides 9-12) | RS            | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | <u> </u>        | ,                         | ,          |                          | ,   | ,                        |               |                             |
|  |                 | a                         |            |                          |   | b                        |               | C .                         |
| Regular (include eligible Preschool/Ki   | ndergarten      | NUMBI                     | ER         |                          | NU  | JMBER                    |               | a + b                       |
| riders) 1st Wheelchair (WC)  |                 |                           |            |                          |   |                          |               |                             |
| 2nd Wheelchair (WC)  |                 |                           |            |                          |   |                          |               |                             |
| Additional Wheelchairs (WC)  |                 |                           |            |                          |   |                          |               |                             |
| Non-WC IEP Lists Trans as Related S  | Service         |                           |            |                          |   |                          |               |                             |
| TOTAL ELIGIBLE RIDERS  |                 |                           |            |                          |   |                          |               |                             |
|  |                 |                           |            |                          |   |                          |               |                             |
| Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda   |                 |                           |            |                          |   |                          |               |                             |
| agreement) (Include ineligible Preschool/Kinderga  | arten riders)   |                           |            |                          |   |                          |               |                             |
| Nonpublic School Riders (ineligible)   |                 |                           |            |                          |   |                          |               |                             |
| TOTAL RIDERS   |                 |                           |            |                          |   |                          |               |                             |
| We hereby certify that this bus will County Transportation Committee. W  |                 |                           |            |                          |   |                          |               |                             |
| We agree to supervision of this bu required; to provide a vehicle which m  | s and bus rout  | e by the State Superinten | dent; to n | nake such r              | eports to the State Su                          | iperintendent a          | nd County S   | Superintendent as are       |
| Superintendent; and to provide a licer We also agree to refrain from solic   | nsed, qualified | and approved driver to op | perate su  | ch vehicle a             | s required by 20-10-1                           |                          | way i alloi c | ind the state               |
| We understand that violations of the this bus route.   |                 |                           |            |                          |   | e for withholdin         | g of state ar | nd county reimbursement for |
| We agree that if this route crosses  |                 |                           |            |                          |   | ment between E           | Boards, 20-1  | 0-126(2) MCA, signed by     |
| the school boards of both districts sha<br>We understand route changes occ   |                 |                           |            |                          |   | oval of the Cou          | nty Transpo   | rtation Committee in        |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                 |                           |            |                          |   |                          |               |                             |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date             |                 |                           |            |                          |   |                          | minuco.       |                             |
|  |                 |                           |            |                          |   |                          |               |                             |
| County To<br>This Application for Registration of<br>area assigned to it by the County   | of School Bu    |                           |            |                          |   |                          |               |                             |
| Signature - Chair, County Transportat  |                 |                           |            |                          |   | Da                       | ite           |                             |
|  |                 |                           |            |                          |   |                          |               |                             |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e  | ven though                        | transp                   | ortees of another legal er                                      | ntity may ut                   | ilize the ser                  | vices.                                    |                                | D. ( D. Mil                 |  |
|---|-----------------------------------|--------------------------|---|--------------------------------|--------------------------------|---|--------------------------------|-----------------------------|--|
| Due Dates   | s:                                |                          | To Co   | ounty Supt                     | :                              | To OPI                                    |                                | Rate Per Mile               |  |
| All Routes  |                                   |                          | Octob   | er 1                           |                                | October 15                                |                                | \$1.57                      |  |
| County Name   |                                   |                          | County Number   | District Name                  |                                |   |                                | Legal Entity Number         |  |
| Missoula  |                                   |                          | 32  | Hellga                         | ite Eleme                      | entary                                    |                                | 0586                        |  |
| Route #   | # Length of Route (miles per day) |                          |   | Type of                        | Service                        | □ Bus Route Mil                           |                                | Rated Capacity              |  |
| 5b  | 5b 18                             |                          |   |                                | oute Mile                      | □ Non Bus Milea age                       | ige                            | 71                          |  |
| Vehicle I.D. #  | Lice                              | nse #                    |   | □ District                     | Owned                          | C   | ontractor (                    |                             |  |
| 2026  | 959                               | 97                       |   |                                | ct - If so, Na<br>cted rate pe | ame of Owner                              | lellgate Tra                   | ansportation<br>—           |  |
| Reimbursement Distribution- Er  | iter the lega                     | al entity                |   | of state/co                    |                                | ursement to be pa                         | id to each di                  | strict. Note: Percentages   |  |
| Legal Entity  | Leg                               | al Entit                 |   | Legal E                        |                                |   | Legal Enti                     | ty                          |  |
| 0586  |                                   |                          |   |                                |                                |   |                                |                             |  |
| % 100.00  | (                                 | %                        |   | %                              |                                |   | %                              |                             |  |
| PASSENGER INFORMATION   |                                   |                          | ELEMENTA DV DIDE  | 20                             | 1                              | OLLOGUEGO DI                              | DED0                           | TOTAL                       |  |
| Number of Preschool/Kindergar   | ten pupils                        |                          | ELEMENTARY RIDEI<br>(Grades PK-8)                               | 3                              | HI                             | GH SCHOOL RII<br>(Grades 9-12)            |                                | TOTAL<br>ELIGIBLE RIDERS    |  |
| riding this route   |                                   |                          |   |                                |                                |   |                                |                             |  |
|   |                                   |                          | a<br>NUMBER   |                                |                                | b<br>NUMBER                               |                                | c<br>a+b                    |  |
| Regular (include eligible Preschool/k riders)   | Kindergarten                      |                          | NOMBER  |                                |                                | NOMBER                                    |                                | 4 7 5                       |  |
| 1st Wheelchair (WC)   |                                   |                          |   |                                |                                |   |                                |                             |  |
| 2nd Wheelchair (WC)   |                                   |                          |   |                                |                                |   |                                |                             |  |
| Additional Wheelchairs (WC)   |                                   |                          |   |                                |                                |   |                                |                             |  |
| Non-WC IEP Lists Trans as Related   | Service                           |                          |   |                                |                                |   |                                |                             |  |
| TOTAL ELIGIBLE RIDERS   |                                   |                          |   |                                |                                |   |                                |                             |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                                   |                          |   |                                |                                |   |                                |                             |  |
| agreement) (Include ineligible Preschool/Kinderg  |                                   |                          |   |                                |                                |   |                                |                             |  |
| Nonpublic School Riders (ineligible)  | jartori ridoro)                   |                          |   |                                |                                |   |                                |                             |  |
| TOTAL RIDERS  |                                   |                          |   |                                |                                |   |                                |                             |  |
| We hereby certify that this bus wi  | Il operate en                     | tiroly on                | the route established by the                                    | Poard of Tru                   | etops and wi                   | ithin the transportati                    | on area accion                 | ed and approved by the      |  |
| County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which   | We further cous and bus r         | ertify that<br>oute by t | t this bus transports pupils el<br>the State Superintendent; to | igible for sch<br>make such r  | ool transport eports to the    | ation as defined by<br>State Superintende | 20-10-101, MC<br>nt and County | A.<br>Superintendent as are |  |
| Superintendent; and to provide a lice<br>We also agree to refrain from sol  | ensed, qualificiting or cau       | ied and a                | approved driver to operate suers to solicit students from ot    | ich vehicle a<br>her transport | s required by ation areas.     | / 20-10-103, MCA.                         | ,                              |                             |  |
| We understand that violations of this bus route.  |                                   | J                        |   | •                              |                                |   | J                              | •                           |  |
| We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. |                                   |                          |   |                                |                                |   |                                |                             |  |
| We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  |                                   |                          |   |                                |                                |   |                                |                             |  |
| I certify that this application for rous operates on the route as ap  |                                   |                          |   |                                |                                |   |                                |                             |  |
| Signature - Chair, Board of Trustees  Date  |                                   |                          |   |                                |                                |   |                                |                             |  |
| County 1  |                                   | tion Co                  | ommittee Approval as re   | equired in                     | accordanc                      | e with Section 2                          | 0-10-132. MC                   | CA.                         |  |
| This Application for Registration area assigned to it by the Count  | of School                         | Bus an                   | d State Reimbursement h   |                                |                                |   |                                |                             |  |
| Signature - Chair, County Transport   |                                   |                          |   |                                |                                |   | Date                           | _                           |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.      | nce with Title    | 20, Chapter 10, Part 1, M            | ICA. School dis            | strict official must complete of                             | one form for ea    | ch bus route that           |
|---|-------------------|--------------------------------------|----------------------------|--|--------------------|-----------------------------|
|   | _                 | _                                    |                            |  | 1                  | Rate Per Mile               |
| <b>Due Dates</b><br>All Routes  |                   |                                      | o County Supt<br>October 1 | t <b>To OPI</b><br>October 15                                | ;                  | \$1.57                      |
| County Name   |                   | County Number                        | District                   | Name   |                    | Legal Entity Number         |
| Missoula  |                   | 32                                   | Hellga                     | ate Elementary   |                    | 0586                        |
| Route #   | Length of R       | oute (miles per day)                 |                            | Service   Bus Route Mil                                      |                    | Rated Capacity              |
| 4b  | 17                |                                      | Bus R                      | □ Non Bus Milea<br>Coute Mileage                             | age                | 71                          |
| Vehicle I.D. #  | Licens            | se #                                 | □ District                 | : Owned C  | Contractor C       |                             |
| 0081  | 9596              |                                      |                            | ct - If so, Name of Owner <del>L</del><br>cted rate per mile | Hellgate Tra       | nsportation<br>—            |
| Reimbursement Distribution- En  | ter the legal     |                                      | tage of state/co           |  | aid to each dis    | trict. Note: Percentages    |
| Legal Entity  | Legal             | Entity                               | Legal E                    |  | Legal Entity       | /                           |
| 0586  |                   |                                      |                            |  |                    |                             |
| % 100.00  | %                 |                                      | %                          |  | %                  |                             |
| PASSENGER INFORMATION   |                   |                                      |                            |  |                    |                             |
| Number of Preschool/Kindergar   | ten pupils        | ELEMENTARY R<br>(Grades PK-          |                            | HIGH SCHOOL RI<br>(Grades 9-12                               |                    | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   | <u> </u>          | ,                                    | ,                          | ,  | ,                  |                             |
|   |                   | a                                    |                            | b  |                    | c .                         |
| Regular (include eligible Preschool/k   | Cindergarten      | NUMBER                               |                            | NUMBER   |                    | a + b                       |
| riders) 1st Wheelchair (WC)   |                   |                                      |                            |  |                    |                             |
| 2nd Wheelchair (WC)   |                   |                                      |                            |  |                    |                             |
| Additional Wheelchairs (WC)   |                   |                                      |                            |  |                    |                             |
| Non-WC IEP Lists Trans as Related   | Service           |                                      |                            |  |                    |                             |
| TOTAL ELIGIBLE RIDERS   |                   |                                      |                            |  |                    |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attenda    |                   |                                      |                            |  |                    |                             |
| agreement) (Include ineligible Preschool/Kinderg                              |                   |                                      |                            |  |                    |                             |
| Nonpublic School Riders (ineligible)  | arton nacroj      |                                      |                            |  |                    |                             |
| TOTAL RIDERS  |                   |                                      |                            |  |                    |                             |
| We hereby certify that this bus wi  | II operate entire | l<br>ely on the route established by | y the Board of Tru         | I<br>ustees and within the transportat                       | ion area assigne   | d and approved by the       |
| County Transportation Committee. \ We agree to supervision of this bo         | Ne further cert   | fy that this bus transports pur      | oils eligible for sch      | nool transportation as defined by                            | 20-10-101, MCA     | A. ,                        |
| required; to provide a vehicle which is Superintendent; and to provide a lice | meets the mini    | mum standards as established         | d by the Board of          | Public Education, the Montana                                |                    |                             |
| We also agree to refrain from soli We understand that violations of the       | citing or causir  | ng others to solicit students fro    | om other transport         | tation areas.  | olding of state ar | nd county reimbursement for |
| this bus route.  We agree that if this route crosse                           |                   |                                      | ·                          |  | · ·                | •                           |
| the school boards of both districts sh<br>We understand route changes oc      | all be attached   | I to the county superintendent       | s copy of this doo         | cument.  |                    |                             |
| accordance with 20-10-132, MCA.  I certify that this application for r        | egistration of    | school bus and state rein            | nbursement is to           | rue and complete to the bes                                  | t of my knowle     | dge and belief, and the     |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees       |                   | d within the transportation          | n service area a           | ssigned by the County Tran                                   | sportation Con     | nmittee.                    |
| orginature - Oriali, bodiu or Trustees  |                   |                                      |                            |  | Date               |                             |
|   |                   |                                      |                            | accordance with Section 2                                    |                    |                             |
| This Application for Registration area assigned to it by the Count            |                   |                                      | ent has been re            | eviewed and I certify that this                              | bus operates       | within the transportation   |
| Signature - Chair, County Transporta  |                   |                                      |                            |  | Date               |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| receives state reimbursement e  | ugh transpo            | ortees of another legal | entity                          | may util      | lize the serv         | ices.           |                                | Rate Per Mile  |                          |
|---|------------------------|-------------------------|---------------------------------|---------------|-----------------------|-----------------|--------------------------------|----------------|--------------------------|
| <b>Due Date</b><br>All Routes   |                        |                         |                                 | Coun<br>tober | nty Supt              |                 | <b>To OPI</b><br>October 15    |                | \$1.57                   |
| County Name   |                        |                         | County Number                   |               | District N            | Name            |                                |                | Legal Entity Number      |
| Missoula  |                        |                         | 32                              |               | Hallaa                | te Elemer       | ntary                          |                | 0586                     |
| Route #   | Length                 | n of Route              | (miles per day)                 |               |                       |                 | Bus Route Mile                 | eage           | Rated Capacity           |
| 6b  | 21                     |                         |                                 |               | D D.                  |                 | Non Bus Milea                  | ge             | 72                       |
| Vehicle I.D. #  | <u> </u>               | icense #                |                                 |               | District              | oute Milea      |                                | ontractor C    |                          |
| 4026  |                        | 9598                    |                                 |               | Contrac               |                 | me of Owner H                  |                |                          |
| Reimbursement Distribution- Er  | nter the le            | egal entity             |                                 |               |                       |                 | sement to be pa                | id to each dis | trict. Note: Percentages |
| Legal Entity<br>0586  | L                      | _egal Entity            |                                 |               | ı budget!<br>Legal Er |                 |                                | Legal Entity   | У                        |
| % 100.00  |                        | %                       |                                 |               | %                     |                 |                                | %              |                          |
| PASSENGER INFORMATION   |                        | 70                      |                                 |               | 70                    |                 |                                | 70             | _                        |
| Number of Preschool/Kindergal riding this route   | ten pupil              | ils                     | ELEMENTARY RID<br>(Grades PK-8) |               |                       | HIG             | GH SCHOOL RIE<br>(Grades 9-12) |                | TOTAL<br>ELIGIBLE RIDERS |
|   |                        |                         | a<br>NUMBER                     |               |                       |                 | b<br>NUMBER                    |                | c<br>a + b               |
| Regular (include eligible Preschool/liriders)   | Kindergart             | ten                     | -                               |               |                       |                 | -                              |                |                          |
| 1st Wheelchair (WC)   |                        |                         |                                 |               |                       |                 |                                |                |                          |
| 2nd Wheelchair (WC)   |                        |                         |                                 |               |                       |                 |                                |                | _                        |
| Additional Wheelchairs (WC)   |                        |                         |                                 |               |                       |                 |                                |                |                          |
| Non-WC IEP Lists Trans as Related   | Service                |                         |                                 |               |                       |                 |                                |                |                          |
| TOTAL ELIGIBLE RIDERS   |                        |                         |                                 |               |                       |                 |                                |                |                          |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)   | lance                  |                         |                                 |               |                       |                 |                                |                |                          |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   |                        | ers)                    |                                 |               |                       |                 |                                |                |                          |
| TOTAL RIDERS  |                        |                         |                                 |               |                       |                 |                                |                |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in |                        |                         |                                 |               |                       |                 |                                |                |                          |
| accordance with 20-10-132, MCA.  I certify that this application for bus operates on the route as an  |                        |                         |                                 |               |                       |                 |                                |                |                          |
| Signature - Chair, Board of Trustees  |                        | ~ j and will            | are transportation of           | 5. 7100       | - a.oa ac             | zergi iou by ti | County Trulle                  | Date           |                          |
| 0   | T ·-                   |                         | manalities Accessed             |               |                       |                 | with Ocation 3                 | 0 40 400 1:0   | <u> </u>                 |
| This Application for Registration area assigned to it by the Coun   | n of Scho<br>ty Transp | ool Bus and portation C |                                 |               |                       |                 |                                | bus operates   |                          |
| Signature - Chair, County Transport   | ation Com              | nmittee                 |                                 |               |                       |                 |                                | Date           |                          |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                       |                         |  |           |   | one form for e            | ach bus route that       |  |
|---|-----------------------|-------------------------|--|-----------|---|---------------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |                       |                         |  | ounty Sup | t To OPI<br>October 15                                  |                           | Rate Per Mile<br>\$1.57  |  |
| County Name   |                       |                         | County Number                                | District  | Name  |                           | Legal Entity Number      |  |
| Missoula  |                       |                         | 32   | Hellga    | ate Elementary  |                           | 0586                     |  |
| Route #   | Length                | h of Route              | e (miles per day)                            | Type of   | f Service □ Bus Route Mi □ Non Bus Mile                 | •                         | Rated Capacity           |  |
| 7a  | 20                    |                         |  | Bus F     | Route Mileage   | aye                       | 71                       |  |
| Vehicle I.D. #  | L                     | icense #                |  | □ Distric |   | Contractor (              |                          |  |
| 1875  |                       | □ Contra                | ct - If so, Name of Owner cted rate per mile |           |   |                           |                          |  |
| Reimbursement Distribution- En  | legal entit           |                         | e of state/co                                |           | aid to each dis   | strict. Note: Percentages |                          |  |
| Legal Entity<br>0586  | L                     | Legal Enti              |  | Legal E   |   | Legal Enti                | ty                       |  |
| % 100.00  |                       | %                       |  | %         |   | %                         |                          |  |
| PASSENGER INFORMATION   |                       |                         |  |           |   |                           |                          |  |
| Number of Preschool/Kindergar riding this route   | ten pupi              | ils                     | ELEMENTARY RIDE<br>(Grades PK-8)             | ERS       | HIGH SCHOOL R<br>(Grades 9-12                           |                           | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                       |                         | а  |           | b   |                           | C                        |  |
| Regular (include eligible Preschool/k   |                       | rten                    | NUMBER                                       |           | NUMBER  |                           | a + b                    |  |
| riders) 1st Wheelchair (WC)   |                       |                         |  |           |   |                           |                          |  |
| 2nd Wheelchair (WC)   |                       |                         |  |           |   |                           |                          |  |
| Additional Wheelchairs (WC)   |                       |                         |  |           |   |                           |                          |  |
| Non-WC IEP Lists Trans as Related   | Service               |                         |  |           |   |                           |                          |  |
| TOTAL ELIGIBLE RIDERS   |                       |                         |  |           |   |                           |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                       |                         |  |           |   |                           |                          |  |
| agreement) (Include ineligible Preschool/Kinderg  |                       | ers)                    |  |           |   |                           |                          |  |
| Nonpublic School Riders (ineligible)  |                       |                         |  |           |   |                           |                          |  |
| TOTAL RIDERS  |                       |                         |  |           |   |                           |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                       |                         |  |           |   |                           |                          |  |
|   | _                     |                         |  |           |   |                           |                          |  |
| This Application for Registration area assigned to it by the Count  | of School<br>ty Trans | ool Bus ar<br>portation | nd State Reimbursement                       |           | accordance with Section eviewed and I certify that this |                           |                          |  |
| Signature - Chair, County Transporta  | ation Con             | mmittee                 |  |           |   | Date                      |                          |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e  |                                 |                              |   |                                 |                                  |   |                                   |                             |
|---|---------------------------------|------------------------------|---|---------------------------------|----------------------------------|---|-----------------------------------|-----------------------------|
| Due Dates   | s:                              |                              | To Co   | ounty Supt                      |                                  | То ОРІ                                  |                                   | Rate Per Mile               |
| All Routes  | 3                               |                              | Octob   | er 1                            |                                  | October 15                              | :                                 | \$1.57                      |
| County Name   |                                 |                              | County Number   | District I                      | Name                             |   |                                   | Legal Entity Number         |
| Missoula  |                                 |                              | 32  | Hellgate Elementary             |                                  |   |                                   | 0586                        |
| Route #   | Length of Route (miles per day) |                              |   | Type of                         |                                  | Bus Route Mile                          |                                   | Rated Capacity              |
| 7b  | 7b 22                           |                              |   | Bus R                           | oute Milea                       | ≀ Non Bus Milea<br>age                  | ige                               | 71                          |
| Vehicle I.D. #  | Lic                             | cense #                      |   | □ District                      |                                  | _                                       | ontractor C                       |                             |
| 1875 9599   |                                 |                              |   |                                 | ct - If so, Nar<br>cted rate per | me of Owner H                           | lellgate I ra                     | nsportation<br>             |
| Reimbursement Distribution- Er  | nter the le                     | gal entity                   |   | of state/cou                    |                                  | sement to be pa                         | id to each dis                    | trict. Note: Percentages    |
| Legal Entity  | Le                              | egal Entity                  |   | Legal Er                        |                                  |   | Legal Entity                      | У                           |
| 0586  |                                 |                              |   |                                 |                                  |   |                                   |                             |
| % 100.00  |                                 | %                            |   | %                               |                                  |   | %                                 |                             |
| PASSENGER INFORMATION   |                                 |                              |   |                                 |                                  |   |                                   | T0711                       |
| Number of Preschool/Kindergar   | ten pupils                      | s                            | ELEMENTARY RIDER<br>(Grades PK-8)                               | 3                               | HIG                              | Grades 9-12)                            |                                   | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   |                                 |                              | а   |                                 |                                  | b                                       |                                   | C                           |
|   |                                 |                              | NUMBER  |                                 |                                  | NUMBER                                  |                                   | a + b                       |
| Regular (include eligible Preschool/kriders)  | Kindergarte                     | en                           |   |                                 |                                  |   |                                   |                             |
| 1st Wheelchair (WC)   |                                 |                              |   |                                 |                                  |   |                                   |                             |
| 2nd Wheelchair (WC)   |                                 |                              |   |                                 |                                  |   |                                   |                             |
| Additional Wheelchairs (WC)   |                                 |                              |   |                                 |                                  |   |                                   |                             |
| Non-WC IEP Lists Trans as Related   | l Service                       |                              |   |                                 |                                  |   |                                   |                             |
| TOTAL ELIGIBLE RIDERS   |                                 |                              |   |                                 |                                  |   |                                   |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                                 |                              |   |                                 |                                  |   |                                   |                             |
| agreement) (Include ineligible Preschool/Kinderg  | arten rider                     | rs)                          |   |                                 |                                  |   |                                   |                             |
| Nonpublic School Riders (ineligible)  |                                 |                              |   |                                 |                                  |   |                                   |                             |
| TOTAL RIDERS  |                                 |                              |   |                                 |                                  |   |                                   |                             |
| We hereby certify that this bus wi  | ill operate d                   | entirely on                  | the route established by the                                    | Board of True                   | stees and with                   | nin the transportation                  | on area assigne                   | ed and approved by the      |
| We hereby certify that this bus wi<br>County Transportation Committee. We agree to supervision of this b<br>required; to provide a vehicle which  | We further<br>ous and bus       | certify that<br>s route by t | this bus transports pupils eli<br>he State Superintendent; to i | igible for scho<br>make such re | ool transporta                   | tion as defined by<br>tate Superintende | 20-10-101, MC/<br>nt and County S | A.<br>Superintendent as are |
| Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of  | iciting or ca                   | ausing othe                  | ers to solicit students from oth                                | her transport                   | ation areas.                     |   | olding of state ar                | nd county reimbursement for |
| this bus route.   |                                 | ·                            | 9   | ·                               |                                  |   | · ·                               | ,                           |
| We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                                 |                              |   |                                 |                                  |   |                                   |                             |
| I certify that this application for i   |                                 |                              |   |                                 |                                  |   |                                   |                             |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date  |                                 |                              |   |                                 |                                  |   |                                   |                             |
| County  | Transpor                        | tation Co                    | ommittee Approval as re   | auired in a                     | accordance                       | with Section 2                          | 0_10_132 MC                       | Λ                           |
| This Application for Registration area assigned to it by the Count  | of School                       | ol Bus and                   | d State Reimbursement h   |                                 |                                  |   |                                   |                             |
| Signature - Chair, County Transporta  | ation Comr                      | mittee                       |   |                                 |                                  |   | Date                              |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Tride 20, Chapter 10, Part 1, McA. School district official must complete one form for each bus route that receives state rein/bus/emerited with mouth transportation of control register in a control register in a control register. Rate Per Mile Part Miles  | This form is required in accordan      | nce with Title                          | 20 Chapter 10 Part 1 M       | ICA Scho      | ool dis  | trict official must complete o  | ne form for ea    | ach bus route that          |
|--|--|---|------------------------------|---------------|----------|---------------------------------|-------------------|-----------------------------|
| Due bates: All Routes  Countly Number October 1  Countly Name  Countly Number District Name    Countly Number   District Name   Legal Entity Number  |  |   |                              |               |          |                                 |                   |                             |
| County Name    County Number   District Name   Legal Entity Number   | Due Dates                              | :                                       | Т                            | o County      | Supt     | To OPI                          |                   | Rate Per Mille              |
| Missoula  Route # Length of Route (miles per day)  Route # Length of Route (miles per day)  Bus Route Mileage  Thom Bus  | All Routes                             |   | C                            | October 1     |          | October 15                      | ;                 | \$1.57                      |
| Route # Length of Route (miles per day)  Bus Route Mileage  Bus Route Mileage  72  Reimbursement Distribution-Enter the legal entity number and percentage of StateCountry reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  1  | County Name                            |   | County Number                | Dis           | strict N | Name                            |                   | Legal Entity Number         |
| Sea  | Missoula                               |   | 32                           | Не            | ellgat   | te Elementary                   |                   | 0586                        |
| Bus Route Mileage   72   Postrict Owned   Contractor Owned   20   Contractor   | Route #                                | Route # Length of Route (miles per day) |                              |               | pe of    |                                 |                   | Rated Capacity              |
| Reimbursement Distribution- Enter the legal entity number and percentage of state-founty reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  GS8  Legal Entity  Legal Entity  GS8  Legal Entity  GS8  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Legal Entity  Sy 100.00  %  Number of Preschool/Kindergarten pupils  (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten number o | 6a                                     | 22                                      |                              | Bu            | us Ro    |                                 | ge                | 72                          |
| Reimbursement Distribution-Enter the legal entity number and percentage of state-loculnty reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  | Vehicle I.D. #                         | License                                 | e #                          |               |          |                                 |                   |                             |
| Legal Entity 0586  Legal Entity 0586  Seasoner INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten Intervention of the Company of  | 4026                                   | 9598                                    |                              |               |          |                                 | lellgate Tra      | insportation<br>            |
| Legal Entity   | Reimbursement Distribution- Ent        | ter the legal e                         |                              |               |          | inty reimbursement to be pa     | id to each dis    | trict. Note: Percentages    |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades P-12) ELIGIBLE RIDERS (Grades PS-12) ELIGIBLE RIDERS (Grades PS-12) INVESTIGATION (Grades PS-12) INVESTIG |  | Legal I                                 |                              |               |          | tity                            | Legal Entity      | у                           |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) TOTAL (Grades 9-12) Regular (include eligible Preschool/Kindergarten noders)  Regular (include eligible Preschool/Kindergarten noders)  Tast Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superinteendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, Hondrana Highway Patrol and the State Superinteendent and County Superintendent and Superintendent or which which as required by 20-10-10, MCA.  We agree to supervision of this bus and bus route by the State Superintendent and County Superintendent for this bus and bus routed on a sport of derive to operate such which as required by 20-10-10, MCA.  We understand that Volctions of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transport students from outside the district, a copy of the agreement between Boards, 20-10-126() MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document.  We understand froute changes occurring during the school byear require the filling of an amende | 0586                                   |   |                              |               |          |                                 |                   |                             |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) TOTAL (Grades 9-12) Regular (include eligible Preschool/Kindergarten noders)  Regular (include eligible Preschool/Kindergarten noders)  Tast Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superinteendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, Hondrana Highway Patrol and the State Superinteendent and County Superintendent and Superintendent or which which as required by 20-10-10, MCA.  We agree to supervision of this bus and bus route by the State Superintendent and County Superintendent for this bus and bus routed on a sport of derive to operate such which as required by 20-10-10, MCA.  We understand that Volctions of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transport students from outside the district, a copy of the agreement between Boards, 20-10-126() MCA, signed by the school boards of both districts shall be attached to the county superintendents copy of this document.  We understand froute changes occurring during the school byear require the filling of an amende | % 100 00                               | %                                       |                              |               | %        |                                 | %                 |                             |
| Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS a NUMBER   |  | ,,                                      |                              |               | ,,       |                                 |                   |                             |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  3nd Wheelchair | Number of Preschool/Kindergart         | en pupils                               |                              |               |          |                                 |                   | -                           |
| NUMBER NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten inders)  1st Wheelchair (WC)  Additional Wheelchair (WC)  Additional Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education the Montana Highway Patrol and the State Superintendent, and to provide a licerased, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We agree to supera to refar in from soliciting or causing others to solicit students from on dher transportation areas.  We also agree to refar in from soliciting or causing others to solicit students from on dher transportation areas.  We appear to treat the violations of the laws, rules or regulations governing school transportation areas.  We appear that if this route crosses district lines and transports students from outside the edistrict, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the solicit such and violations of the laws, rules or regulations governing school transportation areas assigned to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee in accordance with 20-10-132, MCA.  This A |  |   | (=:=====                     | -,            |          | (0.2200 0 12)                   |                   |                             |
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| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   |  |   |                              |               |          |                                 |                   |                             |
|  | This Application for Registration      | of School Bus                           | s and State Reimburseme      |               |          |                                 |                   |                             |
|  |  |   |                              |               |          |                                 | Date              |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| receives state reimbursement e  Due Date All Routes  | ven though transs:  | sportees of another legal e  | ntity may uti<br>ounty Supt  | lize the services.   |   | Rate Per Mile   |
|--|---|--|--|--|---|---|
|  |   |  |  | 00.0001 10   |   | •   |
| County Name  |   | County Number  | District   | Name   |   | Legal Entity Number   |
| Missoula   |   | 32   |  | te Elementary  |   | 0586  |
| Route #  | tte # Length of Route (miles per day)   |  |  | Service □ Bus Route □ Non Bus N  |   | Rated Capacity  |
| 5a   | 14  |  | Bus R  | oute Mileage   | meage   | 71  |
| Vehicle I.D. #   | License #   | !  | □ District   |  | Contractor  |   |
| 2026   | 9597  |  |  | ct - If so, Name of Owne<br>cted rate per mile   | r Hellgate Ir   | ansportation  |
| Reimbursement Distribution- Er   | nter the legal enti   |  | of state/co  | unty reimbursement to b  | e paid to each di   | istrict. Note: Percentages  |
| Legal Entity   | Legal En  |  | tch budget<br>Legal Ei   |  | Legal Ent   | itv   |
| 0586   | - 5   | ,  |  |  |   |   |
| % 100.00   | %   |  | %  |  | %   |   |
| PASSENGER INFORMATION  | 70  |  | 70   |  | 70  |   |
| Number of Preschool/Kindergal riding this route  | ten pupils  | ELEMENTARY RIDE<br>(Grades PK-8)   | RS   | HIGH SCHOOL<br>(Grades 9   |   | TOTAL<br>ELIGIBLE RIDERS  |
|  |   | a<br>NUMBER  |  | b<br>NUMBE   | :R  | c<br>a + b  |
| Regular (include eligible Preschool/liriders)  | Kindergarten  |  |  |  |   |   |
| 1st Wheelchair (WC)  |   |  |  |  |   |   |
| 2nd Wheelchair (WC)  |   |  |  |  |   |   |
| Additional Wheelchairs (WC)  |   |  |  |  |   |   |
| Non-WC IEP Lists Trans as Related  | Service   |  |  |  |   |   |
| TOTAL ELIGIBLE RIDERS  |   |  |  |  |   |   |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | dance<br>garten riders)   |  |  |  |   |   |
| TOTAL RIDERS   |   |  |  |  |   |   |
| We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes oo accordance with 20-10-132, MCA. | We further certify the bus and bus route bus and bus route bus meets the minimurensed, qualified anciciting or causing of the laws, rules or rules district lines and hall be attached to | nat this bus transports pupils e<br>y the State Superintendent; to<br>n standards as established by<br>d approved driver to operate si<br>thers to solicit students from or<br>egulations governing school tra-<br>transports students from outsithe<br>the county superintendent's co | ligible for sch<br>make such re<br>the Board of<br>uch vehicle as<br>ther transport<br>ansportation v<br>de the district<br>py of this doc | ool transportation as define<br>eports to the State Superinte<br>Public Education, the Monta<br>s required by 20-10-103, Mo<br>ation areas.<br>will be sufficient cause for w<br>, a copy of the agreement be<br>cument. | d by 20-10-101, Mondendent and County and Highway Patrol CA.  ithholding of state a etween Boards, 20 | CA. Superintendent as are and the State and county reimbursement for 1-10-126(2) MCA, signed by |
| I certify that this application for bus operates on the route as ap  |   |  |  |  |   |   |
| Signature - Chair, Board of Trustees   |   | ·  |  |  | Date  |   |
| County This Application for Registration area assigned to it by the Coun   | n of School Bus a   |  |  |  |   |   |
| Signature - Chair, County Transport  | ation Committee   |  |  |  | Date  |   |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                    |                          |                                 |                        |   | lete one form for e       | each bus route that      |  |
|---|--------------------|--------------------------|---------------------------------|------------------------|---|---------------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |                    |                          |                                 | County Sup<br>ober 1   | ot To OPI<br>October 1                                      | 5                         | Rate Per Mile<br>\$1.57  |  |
| County Name   |                    |                          | County Number                   | Distric                | t Name  |                           | Legal Entity Number      |  |
| Missoula  |                    |                          | 32                              | Hellg                  | ate Elementary  |                           | 0586                     |  |
| Route #   | Lengt              | th of Rout               | e (miles per day)               | Type o                 | of Service □ Bus Rout<br>□ Non Bus                          | •                         | Rated Capacity           |  |
| 13  | 11                 |                          |                                 | Bus F                  | Route Mileage   | Mileage                   | 71                       |  |
| Vehicle I.D. # License # C620   |                    |                          |                                 |                        | ot Owned<br>act - If so, Name of Own<br>acted rate per mile | Contractor er Hellgate Tr |                          |  |
| Reimbursement Distribution- En  | legal enti         |                          | e of state/c                    | ounty reimbursement to | be paid to each di  | strict. Note: Percentages |                          |  |
| Legal Entity  |                    | Legal Ent                |                                 | natch budge<br>Legal I |   | Legal Ent                 | ity                      |  |
| 0586  |                    | Ü                        | ,                               |                        | •   |                           |                          |  |
| % 100.00  |                    | %                        |                                 | %                      |   | %                         |                          |  |
| PASSENGER INFORMATION   |                    |                          |                                 |                        |   |                           |                          |  |
| Number of Preschool/Kindergar riding this route   | ten pur            | pils                     | ELEMENTARY RID<br>(Grades PK-8) | ERS                    | HIGH SCHOO<br>(Grades                                       |                           | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                    |                          | a                               |                        | b   | .FD                       | C                        |  |
| Regular (include eligible Preschool/k   | Kinderga           | arten                    | NUMBER                          |                        | NUMB  | EK                        | a + b                    |  |
| riders) 1st Wheelchair (WC)   |                    |                          |                                 |                        |   |                           |                          |  |
| 2nd Wheelchair (WC)   |                    |                          |                                 |                        |   |                           |                          |  |
| Additional Wheelchairs (WC)   |                    |                          |                                 |                        |   |                           |                          |  |
| Non-WC IEP Lists Trans as Related   | Service            | ;                        |                                 |                        |   |                           |                          |  |
| TOTAL ELIGIBLE RIDERS   |                    |                          |                                 |                        |   |                           |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | ance<br>garten ric |                          |                                 |                        |   |                           |                          |  |
|   |                    |                          |                                 |                        |   |                           |                          |  |
| TOTAL RIDERS  |                    |                          |                                 |                        |   |                           |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                    |                          |                                 |                        |   |                           |                          |  |
| Signature - Chair, Board of Trustees  |                    | ~, and W                 | and adhippinguist of            |                        | and by the county   | Date                      |                          |  |
|   |                    |                          | -                               |                        |   |                           |                          |  |
| This Application for Registration area assigned to it by the Count  | of Sch<br>ty Trans | nool Bus a<br>sportation |                                 |                        |   | at this bus operate       |                          |  |
| Signature - Chair, County Transporta  | ation Co           | mmittee                  |                                 |                        |   | Date                      |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ex   |  |                                 |                                |   |                 |                          |  |  |  |
|---|--|---------------------------------|--------------------------------|---|-----------------|--------------------------|--|--|--|
| <b>Due Dates</b><br>All Routes  |  |                                 | County Supt<br>ober 1          | To OPI<br>October 15                                      |                 | Rate Per Mile<br>\$1.57  |  |  |  |
| County Name   |  | County Number                   | District                       | Name  |                 | Legal Entity Number      |  |  |  |
| Missoula  |  | 32                              |                                | ate Elementary  |                 | 0586                     |  |  |  |
| Route #   | Length of Rou  | ite (miles per day)             | Type of                        | Service   Bus Route Mi  Non Bus Mile                      | •               | Rated Capacity           |  |  |  |
| 14a   | 10   |                                 | Bus R                          | oute Mileage  |                 | 71                       |  |  |  |
| Vehicle I.D. #  | License  | #                               | □ District                     | Owned (ct - If so, Name of Owner)                         | Contractor C    |                          |  |  |  |
| 0281  | C622   |                                 |                                | cted rate per mile  |                 |                          |  |  |  |
| Reimbursement Distribution- En  | ter the legal en   |                                 | ge of state/co<br>natch budget |   | aid to each dis | trict. Note: Percentages |  |  |  |
| Legal Entity<br>0586  | Legal Er   |                                 | Legal E                        |   | Legal Entity    | У                        |  |  |  |
| % 100.00  | %  |                                 | %                              |   | %               |                          |  |  |  |
| PASSENGER INFORMATION   |  |                                 |                                |   |                 | T0T41                    |  |  |  |
| Number of Preschool/Kindergard riding this route  | ten pupils   | ELEMENTARY RID<br>(Grades PK-8) |                                | HIGH SCHOOL RI<br>(Grades 9-12                            |                 | TOTAL<br>ELIGIBLE RIDERS |  |  |  |
|   |  | a<br>NUMBER                     |                                | b<br>NUMBER   |                 | c<br>a+b                 |  |  |  |
| Regular (include eligible Preschool/K riders)   | Kindergarten   | NOWBER                          |                                | NOWBER  |                 | a + b                    |  |  |  |
| 1st Wheelchair (WC)   |  |                                 |                                |   |                 |                          |  |  |  |
| 2nd Wheelchair (WC)   |  |                                 |                                |   |                 |                          |  |  |  |
| Additional Wheelchairs (WC)   |  |                                 |                                |   |                 |                          |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service  |                                 |                                |   |                 |                          |  |  |  |
| TOTAL ELIGIBLE RIDERS   |  |                                 |                                |   |                 |                          |  |  |  |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | ance   |                                 |                                |   |                 |                          |  |  |  |
| TOTAL RIDERS  |  |                                 |                                |   |                 |                          |  |  |  |
|   |  |                                 |                                |   |                 |                          |  |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |  |                                 |                                |   |                 |                          |  |  |  |
|   | I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                                 |                                |   |                 |                          |  |  |  |
| Signature - Chair, Board of Trustees  |  |                                 |                                |   | Date            |                          |  |  |  |
| County T This Application for Registration area assigned to it by the Count   | of School Bus  | and State Reimbursemen          |                                | accordance with Section 2 eviewed and I certify that this |                 |                          |  |  |  |
| Signature - Chair, County Transporta  |  |                                 |                                |   | Date            |                          |  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar   | nce with Title                             | 20. C     | hapter 10. Part 1. MCA           | . School di    | strict official m                  | ust complete o                 | ne form for ea    | ach bus route that          |
|---|--|-----------|----------------------------------|----------------|------------------------------------|--------------------------------|-------------------|-----------------------------|
| receives state reimbursement ev   |  |           |                                  |                |                                    |                                |                   | Rate Per Mile               |
| Due Dates   | <b>s</b> :                                 |           | To C                             | ounty Sup      | t T                                | о ОРІ                          |                   | Rate Per Iville             |
| All Routes  |  |           | Octo                             | ber 1          | (                                  | October 15                     |                   | \$1.57                      |
| County Name   |  |           | County Number                    | District       | Name                               |                                |                   | Legal Entity Number         |
| Missoula  |  |           | 32                               | Hellga         | ate Element                        | ary                            |                   | 0586                        |
| Route #   | oute # Length of Route (miles per day)     |           |                                  | Type of        |                                    | Bus Route Mil<br>Non Bus Milea |                   | Rated Capacity              |
| 14b   | 10   |           |                                  | Bus F          | loute Milea                        |                                | ige               | 71                          |
| Vehicle I.D. #  | Licens                                     | se#       |                                  | □ Distric      |                                    |                                | Contractor C      |                             |
| 0281  | C622                                       | 2         |                                  |                | ct - If so, Nam<br>cted rate per r |                                | lellgate Tra      | nsportation<br>—            |
| Reimbursement Distribution- En  | ter the legal                              | entity ı  |                                  | e of state/co  |                                    | ement to be pa                 | aid to each dis   | trict. Note: Percentages    |
| Legal Entity  | Legal                                      | Entity    |                                  | Legal E        |                                    |                                | Legal Entit       | у                           |
| 0586  |  |           |                                  |                |                                    |                                |                   |                             |
| % 100.00  | %  |           |                                  | %              |                                    |                                | %                 |                             |
| PASSENGER INFORMATION   | ,0   |           |                                  | 70             |                                    |                                | 70                | -                           |
| Number of Preschool/Kindergart  | ten nunils                                 |           | ELEMENTARY RIDE<br>(Grades PK-8) | RS             | HIGH                               | SCHOOL RII<br>(Grades 9-12)    |                   | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   |  |           | (8,4466,110)                     |                |                                    | (014400 0 12)                  | ,                 | ELIGIBLE HIBERG             |
|   |  |           | а                                |                |                                    | b                              |                   | С                           |
| Regular (include eligible Preschool/K   | (indergarten                               |           | NUMBER                           |                |                                    | NUMBER                         |                   | a + b                       |
| riders)  1st Wheelchair (WC)  |  |           |                                  |                |                                    |                                |                   |                             |
| 2nd Wheelchair (WC)   |  |           |                                  |                |                                    |                                |                   |                             |
| Additional Wheelchairs (WC)   |  |           |                                  |                |                                    |                                |                   |                             |
| Non-WC IEP Lists Trans as Related   | Camina                                     |           |                                  |                |                                    |                                |                   |                             |
|   | Service                                    |           |                                  |                |                                    |                                |                   |                             |
| TOTAL ELIGIBLE RIDERS   |  |           |                                  |                |                                    |                                |                   |                             |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda     |  |           |                                  |                |                                    |                                |                   |                             |
| agreement) (Include ineligible Preschool/Kinderg                                |  |           |                                  |                |                                    |                                |                   |                             |
| Nonpublic School Riders (ineligible)  | <u></u>                                    |           |                                  |                |                                    |                                |                   |                             |
| TOTAL RIDERS  |  |           |                                  |                |                                    |                                |                   |                             |
| We hereby certify that this bus wil   |  |           |                                  |                |                                    |                                |                   |                             |
| County Transportation Committee. V<br>We agree to supervision of this bu        | us and bus rou                             | ıté by th | ne State Superintendent; to      | make such r    | eports to the Sta                  | ate Superintende               | nt and County S   | Superintendent as are       |
| required; to provide a vehicle which r<br>Superintendent; and to provide a lice | ensed, qualified                           | d and a   | pproved driver to operate s      | uch vehicle a  | s required by 20                   |                                | Highway Patrol a  | and the State               |
| We also agree to refrain from solid<br>We understand that violations of t       |  |           |                                  |                |                                    | cause for withho               | olding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosses                            | s district lines                           | and trar  | nsports students from outsi      | de the distric | t, a copy of the a                 | agreement betwe                | en Boards, 20-    | 10-126(2) MCA, signed by    |
| the school boards of both districts shade we understand route changes occ       |  |           |                                  |                |                                    | approval of the                | County Transpo    | ortation Committee in       |
| accordance with 20-10-132, MCA.  I certify that this application for re         | egistration o                              | f schoo   | ol hus and state reimbur         | rsement is t   | rue and comp                       | lete to the heet               | of my knowle      | edge and helief, and the    |
| bus operates on the route as ap   |  |           |                                  |                |                                    |                                | sportation Cor    |                             |
| Signature - Chair, Board of Trustees  | Signature - Chair, Board of Trustees  Date |           |                                  |                |                                    |                                |                   |                             |
| County T  | ransportati                                | on Co     | mmittee Approval as r            | equired in     | accordance v                       | with Section 2                 | :0-10-132, MC     | SA.                         |
| This Application for Registration area assigned to it by the County             | of School B                                | us and    | State Reimbursement              |                |                                    |                                |                   |                             |
| Signature - Chair, County Transporta  |  |           |                                  |                |                                    |                                | Date              |                             |
|   |  |           |                                  |                |                                    |                                |                   |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                        |                                |  |                                |   | olete one form for e                    | each bus route that          |
|---|------------------------|--------------------------------|--|--------------------------------|---|---|------------------------------|
|   |                        | ugii tialisp                   | •  |                                |   |   | Rate Per Mile                |
| <b>Due Dates</b><br>All Routes  |                        |                                | Octo   | ounty Supt<br>ber 1            | t To OPI<br>October 1   | 15                                      | \$1.57                       |
| County Name   |                        |                                | County Number  | District                       | Name  |   | Legal Entity Number          |
| Missoula  |                        |                                | 32   | Hellga                         | ate Elementary  |   | 0586                         |
| Route #   | Lengtl                 | h of Route                     | (miles per day)  |                                | f Service   Bus Rou   |   | Rated Capacity               |
| 8b  | 27                     |                                |  | Bus R                          | □ Non Bus<br>Route Mileage                                    | Mileage                                 | 72                           |
| Vehicle I.D. #  | L                      | _icense #                      |  | □ District                     | Owned   | Contractor                              |                              |
| 4314  | 9                      | 9600                           |  |                                | ct - If so, Name of Owr<br>cted rate per mile                 | ner Hellgate Tr                         | ansportation<br>——           |
| Reimbursement Distribution- En  | ter the                | legal entity                   |  | of state/co                    |   | be paid to each di                      | strict. Note: Percentages    |
| Legal Entity  |                        | Legal Entit                    |  | Legal E                        |   | Legal Ent                               | ity                          |
| 0586  |                        |                                |  |                                |   |   |                              |
| % 100.00  |                        | %                              |  | %                              |   | %                                       |                              |
| PASSENGER INFORMATION   |                        |                                | ELEMENTA DV DIDE   | DC                             | Lucu couo   | OL DIDEDO                               | TOTAL                        |
| Number of Preschool/Kindergar   | ten pup                | ils                            | ELEMENTARY RIDE<br>(Grades PK-8)                               | KS                             | HIGH SCHOO<br>(Grades   |   | TOTAL<br>ELIGIBLE RIDERS     |
| riding this route   |                        |                                |  |                                |   |   |                              |
|   |                        |                                | a<br>NUMBER  |                                | b<br>NUME   |   | C C                          |
| Regular (include eligible Preschool/h   | Kinderga               | rten                           | NOWBER   |                                | INOME   | DER                                     | a + b                        |
| riders) 1st Wheelchair (WC)   |                        |                                |  |                                |   |   |                              |
| 2nd Wheelchair (WC)   |                        |                                |  |                                |   |   |                              |
| Additional Wheelchairs (WC)   |                        |                                |  |                                |   |   |                              |
| Non-WC IEP Lists Trans as Related   | Service                |                                |  |                                |   |   |                              |
| TOTAL ELIGIBLE RIDERS   |                        |                                |  |                                |   |   |                              |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend                                 |                        |                                |  |                                |   |   |                              |
| agreement) (Include ineligible Preschool/Kinderg  |                        | lere)                          |  |                                |   |   |                              |
| Nonpublic School Riders (ineligible)  | arten na               | 1013)                          |  |                                |   |   |                              |
| TOTAL RIDERS  |                        |                                |  |                                |   |   |                              |
| We hereby certify that this bus wi  | II onerate             | e entirely on                  | the route established by the                                   | Board of Tru                   | istees and within the trans                                   | sportation area assign                  | ned and approved by the      |
| County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which   | We further<br>us and b | er certify that<br>us route by | t this bus transports pupils e<br>the State Superintendent; to | ligible for sch<br>make such r | nool transportation as defir<br>reports to the State Superion | ned by 20-10-101, Montendent and County | CA.<br>Superintendent as are |
| Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of | ensed, quiciting or    | ualified and a causing oth     | approved driver to operate sees to solicit students from o     | uch vehicle a<br>ther transpor | is required by 20-10-103, I<br>tation areas.                  | MCA.                                    |                              |
| this bus route.  We agree that if this route crosse   |                        |                                |  |                                |   |   |                              |
| the school boards of both districts sh<br>We understand route changes on                                  | all be at              | tached to the                  | e county superintendent's co                                   | py of this do                  | cument.   | ,                                       | ( ) , , ,                    |
| accordance with 20-10-132, MCA.   |                        |                                |  |                                |   |   |                              |
| I certify that this application for r bus operates on the route as ap                                     | proved                 |                                |  |                                |   | Transportation Co                       |                              |
| Signature - Chair, Board of Trustees  |                        |                                |  |                                |   | Date                                    |                              |
| County 1  | ranspo                 | ortation Co                    | ommittee Approval as r   | equired in                     | accordance with Sec   | tion 20-10-132, M                       | CA.                          |
| This Application for Registration area assigned to it by the Count  | of Sch                 | ool Bus an                     | d State Reimbursement I  |                                |   |   |                              |
| Signature - Chair, County Transporta  | ation Cor              | mmittee                        |  |                                |   | Date                                    |                              |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.  |             |                            |   |                    |   | one form for e            | ach bus route that       |  |
|---|-------------|----------------------------|---|--------------------|---|---------------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |             |                            |   | ounty Sup<br>ber 1 | t To OPI<br>October 15                                    |                           | Rate Per Mile<br>\$1.57  |  |
| County Name   |             |                            | County Number                                     | District           | Name  |                           | Legal Entity Number      |  |
| Missoula  |             |                            | 32  | Hellga             | ate Elementary  |                           | 0586                     |  |
| Route #   | Length      | of Route                   | (miles per day)                                   | Type of            | f Service □ Bus Route Mi □ Non Bus Mile                   | •                         | Rated Capacity           |  |
| 11  | 26          |                            |   | Bus R              | Coute Mileage   | age                       | 71                       |  |
| Vehicle I.D. #  | Li          | icense #                   |   | □ District         |   | Contractor (              |                          |  |
| 0500  |             | □ Contra                   | ct - If so, Name of Owner I<br>cted rate per mile |                    |   |                           |                          |  |
| Reimbursement Distribution- En  | egal entity |                            | e of state/co<br>atch budget                      |                    | aid to each dis   | strict. Note: Percentages |                          |  |
| Legal Entity<br>0586  | L           | egal Entit                 |   | Legal E            |   | Legal Entit               | ty                       |  |
| % 100.00  |             | %                          |   | %                  |   | %                         |                          |  |
| PASSENGER INFORMATION   |             |                            |   |                    |   |                           | _                        |  |
| Number of Preschool/Kindergard riding this route  | ten pupil   | ls                         | ELEMENTARY RIDE<br>(Grades PK-8)                  | ERS                | HIGH SCHOOL RI<br>(Grades 9-12                            |                           | TOTAL<br>ELIGIBLE RIDERS |  |
|   |             |                            | a<br>NUMBER                                       |                    | b<br>NUMBER   |                           | c<br>a+b                 |  |
| Regular (include eligible Preschool/K   | Kindergart  | ten                        | NOWBER  |                    | NOMBER  |                           | атр                      |  |
| riders) 1st Wheelchair (WC)   |             |                            |   |                    |   |                           |                          |  |
| 2nd Wheelchair (WC)   |             |                            |   |                    |   |                           |                          |  |
| Additional Wheelchairs (WC)   |             |                            |   |                    |   |                           |                          |  |
| Non-WC IEP Lists Trans as Related   | Service     |                            |   |                    |   |                           |                          |  |
| TOTAL ELIGIBLE RIDERS   |             |                            |   |                    |   |                           |                          |  |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda   |             |                            |   |                    |   |                           |                          |  |
| agreement) (Include ineligible Preschool/Kinderg  | arten ride  | ers)                       |   |                    |   |                           |                          |  |
| Nonpublic School Riders (ineligible)  |             |                            |   |                    |   |                           |                          |  |
| TOTAL RIDERS  |             |                            |   |                    |   |                           |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |             |                            |   |                    |   |                           |                          |  |
|   |             | m4 = 41 =                  | amanaitta a Arrera                                |                    |   | 20.40.402.153             | <u> </u>                 |  |
| This Application for Registration area assigned to it by the Count  | of Schoor   | ool Bus and<br>portation C | d State Reimbursement                             |                    | accordance with Section a eviewed and I certify that this |                           |                          |  |
| Signature - Chair, County Transporta  | ation Com   | nmittee                    |   |                    |   | Date                      |                          |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| receives state reimbursement e  | Data Dan Mila                          |                     |                        |   |                          |                                 |  |  |
|---|--|---------------------|------------------------|---|--------------------------|---------------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |  |                     | ounty Supt<br>ber 1    | To OP<br>Octob                                |                          | Rate Per Mile<br>\$1.57         |  |  |
| County Name   |  | County Number       | District               | Name  |                          | Legal Entity Number             |  |  |
| Missoula  |  | 32                  |                        | te Elementary                                 |                          | 0586                            |  |  |
| Route #   | Length of Ro                           | ute (miles per day) | Type of                |   | Route Mileage            | Rated Capacity                  |  |  |
| 4a  | 15                                     |                     | Bus R                  | oute Mileage                                  | Bus Mileage              | 71                              |  |  |
| Vehicle I.D. #  | License                                | #                   | □ District             | Owned   |                          | ctor Owned                      |  |  |
| 0081  | 9596                                   |                     |                        | ct - If so, Name of 0<br>cted rate per mile _ | Owner Hellgat            | e Transportation                |  |  |
| Reimbursement Distribution- En  | iter the legal er                      |                     |                        |   | t to be paid to ea       | ach district. Note: Percentages |  |  |
| Legal Entity  | Legal E                                |                     | atch budget<br>Legal E |   | Lega                     | al Entity                       |  |  |
| 0586  |  | •                   |                        | •   |                          |                                 |  |  |
| % 100.00  | %                                      |                     | %                      |   | %                        |                                 |  |  |
| PASSENGER INFORMATION   |  | ELEMENTARY RIDE     |                        |   | _                        |                                 |  |  |
| Number of Preschool/Kindergar riding this route   | umber of Preschool/Kindergarten pupils |                     | ERS                    |   | HOOL RIDERS<br>des 9-12) | TOTAL<br>ELIGIBLE RIDERS        |  |  |
|   |  | a<br>NUMBER         |                        | NL  | b<br>JMBER               | c<br>a+b                        |  |  |
| Regular (include eligible Preschool/hriders)  | Kindergarten                           |                     |                        |   |                          |                                 |  |  |
| 1st Wheelchair (WC)   |  |                     |                        |   |                          |                                 |  |  |
| 2nd Wheelchair (WC)   |  |                     |                        |   |                          |                                 |  |  |
| Additional Wheelchairs (WC)   |  |                     |                        |   |                          |                                 |  |  |
| Non-WC IEP Lists Trans as Related   | Service                                |                     |                        |   |                          |                                 |  |  |
| TOTAL ELIGIBLE RIDERS   |  |                     |                        |   |                          |                                 |  |  |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinderg   | ance                                   |                     |                        |   |                          |                                 |  |  |
| Nonpublic School Riders (ineligible)  |  |                     |                        |   |                          |                                 |  |  |
| TOTAL RIDERS  |  |                     |                        |   |                          |                                 |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |  |                     |                        |   |                          |                                 |  |  |
|   |  |                     |                        |   |                          |                                 |  |  |
| This Application for Registration   | of School Bus                          |                     |                        |   |                          |                                 |  |  |
| area assigned to it by the Count<br>Signature - Chair, County Transporta  | , ,                                    | on Commutee.        |                        |   | Date                     |                                 |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e   | ven though     | transp     | ortees of another legal er       | ntity may ut          | ilize the ser                  | rvices.                        |                   | D. I. D. Mil                |
|--|----------------|------------|----------------------------------|-----------------------|--------------------------------|--------------------------------|-------------------|-----------------------------|
| Due Dates  |                |            |                                  | ounty Supt            |                                |                                |                   | Rate Per Mile               |
| All Routes   | i              |            | Octob                            | per 1                 |                                | October 15                     |                   | \$1.57                      |
| County Name  |                |            | County Number                    | District              | Name                           |                                |                   | Legal Entity Number         |
| Missoula   |                |            | 32                               | Hellga                | ate Eleme                      | entary                         |                   | 0586                        |
| Route #  | Length of      | Route      | (miles per day)                  | Type of               | Service                        | □ Bus Route Mile               |                   | Rated Capacity              |
| 3a   | 15             |            |                                  | Bus R                 | oute Mile                      | □ Non Bus Milea<br>eage        | ige               | 72                          |
| Vehicle I.D. #   | Lice           | nse #      |                                  | □ District            | Owned                          | C                              | ontractor (       |                             |
| 4122   | 959            | 95         |                                  |                       | ct - If so, Na<br>cted rate pe | ame of Owner                   | lellgate Tra      | ansportation<br>——          |
| Reimbursement Distribution- Er   | nter the lega  | al entity  |                                  |                       |                                | ursement to be pa              | id to each dis    | strict. Note: Percentages   |
| Legal Entity   | Leg            | al Entit   |                                  | tch budget<br>Legal E |                                |                                | Legal Enti        | ty                          |
| 0586   |                |            |                                  |                       |                                |                                |                   |                             |
| % 100.00   | 9              | %          |                                  | %                     |                                |                                | %                 |                             |
| PASSENGER INFORMATION  |                |            |                                  |                       |                                |                                |                   |                             |
| Number of Preschool/Kindergar  | ten pupils     |            | ELEMENTARY RIDE<br>(Grades PK-8) | RS                    | HI                             | GH SCHOOL RII<br>(Grades 9-12) |                   | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  |                |            | (                                |                       |                                | ( ,                            |                   |                             |
|  |                |            | a                                |                       | р                              |                                |                   | C                           |
| Regular (include eligible Preschool/h  | Kindergarten   |            | NUMBER                           |                       |                                | NUMBER                         |                   | a + b                       |
| riders) 1st Wheelchair (WC)  |                |            |                                  |                       |                                |                                |                   |                             |
| 2nd Wheelchair (WC)  |                |            |                                  |                       |                                |                                |                   |                             |
| Additional Wheelchairs (WC)  |                |            |                                  |                       |                                |                                |                   |                             |
| Non-WC IEP Lists Trans as Related  | Service        |            |                                  |                       |                                |                                |                   |                             |
| TOTAL ELIGIBLE RIDERS  |                |            |                                  |                       |                                |                                |                   |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |                |            |                                  |                       |                                |                                |                   |                             |
| agreement) (Include ineligible Preschool/Kinderg   |                |            |                                  |                       |                                |                                |                   |                             |
| Nonpublic School Riders (ineligible)   | jarteri nacio) |            |                                  |                       |                                |                                |                   |                             |
| TOTAL RIDERS   |                |            |                                  |                       |                                |                                |                   |                             |
| Market Control of the |                | e i        | Orange Control Park and harden   | D I . (T.             |                                | 20.2 - 0 - 1                   |                   |                             |
| We hereby certify that this bus wi<br>County Transportation Committee. We agree to supervision of this b   | We further ce  | ertify tha | t this bus transports pupils el  | igible for sch        | ool transport                  | tation as defined by           | 20-10-101, MC     | A.                          |
| required; to provide a vehicle which Superintendent; and to provide a lice   | ensed, qualifi | ed and a   | approved driver to operate su    | ich vehicle a         | s required by                  |                                | lighway Patrol    | and the State               |
| We also agree to refrain from soll We understand that violations of  |                |            |                                  |                       |                                | ent cause for withho           | olding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosse  |                |            |                                  |                       |                                | ne agreement betwe             | en Boards, 20-    | 10-126(2) MCA, signed by    |
| the school boards of both districts sh<br>We understand route changes of   |                |            |                                  |                       |                                | and approval of the            | County Transp     | ortation Committee in       |
| accordance with 20-10-132, MCA.  I certify that this application for r   |                |            |                                  |                       |                                |                                |                   |                             |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees  |                | and wit    | hin the transportation ser       | vice area a           | ssigned by                     | the County Trans               | portation Co      | mmittee.                    |
|  |                |            |                                  |                       |                                |                                |                   |                             |
| This Application for Registration  | of School      | Bus an     |                                  |                       |                                |                                |                   |                             |
| area assigned to it by the Count<br>Signature - Chair, County Transports   |                |            | Committee.                       |                       |                                | 1                              | Date              | _                           |
| 5 - ,  |                |            |                                  |                       |                                |                                |                   |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement even   |   |   |  |  | one form for ea                    | ich bus route that         |
|---|---|---|--|--|------------------------------------|----------------------------|
|   |   |   |  |  | F                                  | Rate Per Mile              |
| <b>Due Dates:</b> All Routes  | !   |   | ounty Supt<br>ber 1                                    | <b>To OPI</b><br>October 15  | Ş                                  | \$1.57                     |
| County Name   |   | County Number   | District N   | ame  |                                    | Legal Entity Number        |
| Missoula  |   | 32  | Hellgate   | e Elementary   |                                    | 0586                       |
|   | Length of Rou   | e (miles per day)   | Type of S  | Service   Bus Route Mil  |                                    | Rated Capacity             |
| 3b  | 16  |   | Bus Ro   | □ Non Bus Milea ute Mileage  |                                    | 72                         |
| Vehicle I.D. #  | License #   | :   | □ District C   |  | Contractor C                       | wned                       |
| 4122  | 9595  |   |  | - If so, Name of Owner   | Hellgate Tra                       | nsportation<br>—           |
| Reimbursement Distribution- Enter   | er the legal ent  |   | of state/cour<br>atch budget!                          | nty reimbursement to be pa   | aid to each dist                   | trict. Note: Percentages   |
| Legal Entity  | Legal En  |   | Legal Ent  | ity  | Legal Entity                       | /                          |
| 0586  |   |   |  |  |                                    |                            |
| 9/ 100.00   | %   |   | %  |  | %                                  |                            |
| % 100.00  PASSENGER INFORMATION   | 70  |   | 70   |  | 70                                 |                            |
|   | an nunila   | ELEMENTARY RIDE   | RS   | HIGH SCHOOL RII  |                                    | TOTAL<br>ELIGIBLE RIDERS   |
| Number of Preschool/Kindergarte riding this route   | en pupils   | (Grades PK-8)   |  | (Grades 9-12)  | )                                  | ELIGIBLE RIDERS            |
|   |   | a   |  | b  |                                    | C                          |
| Regular (include eligible Preschool/Kii   | ndorgorton  | NUMBER  |  | NUMBER   |                                    | a + b                      |
| riders)   | ndergarten  |   |  |  |                                    |                            |
| 1st Wheelchair (WC)   |   |   |  |  |                                    |                            |
| 2nd Wheelchair (WC)   |   |   |  |  |                                    |                            |
| Additional Wheelchairs (WC)   |   |   |  |  |                                    |                            |
| Non-WC IEP Lists Trans as Related S   | Service   |   |  |  |                                    |                            |
| TOTAL ELIGIBLE RIDERS   |   |   |  |  |                                    |                            |
| Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar  |   |   |  |  |                                    |                            |
| agreement) (Include ineligible Preschool/Kinderga   | arten riders)   |   |  |  |                                    |                            |
| Nonpublic School Riders (ineligible)  |   |   |  |  |                                    |                            |
| TOTAL RIDERS  |   |   |  |  |                                    |                            |
| We hereby certify that this bus will  | anarata antiraly  | on the route established by the   | Poord of Trust   | toos and within the transportet  | ion area assigna                   | d and approved by the      |
| County Transportation Committee. W<br>We agree to supervision of this bus<br>required; to provide a vehicle which m   | e further certify the sand bus route be neets the minimum | nat this bus transports pupils e<br>y the State Superintendent; to<br>n standards as established by | ligible for school<br>make such rep<br>the Board of Po | ol transportation as defined by<br>borts to the State Superintende<br>ublic Education, the Montana I | 20-10-101, MCA<br>ent and County S | A.<br>uperintendent as are |
| Superintendent; and to provide a licen<br>We also agree to refrain from solici<br>We understand that violations of th | iting or causing o  | thers to solicit students from o  | ther transportat                                       | ion areas.   | olding of state an                 | d county reimbursement for |
| this bus route.  We agree that if this route crosses  |   |   |  |  | een Boards, 20-1                   | 0-126(2) MCA, signed by    |
| the school boards of both districts sha<br>We understand route changes occ<br>accordance with 20-10-132, MCA.         |   |   |  |  | County Transpo                     | rtation Committee in       |
| I certify that this application for re<br>bus operates on the route as app  |   |   |  |  |                                    |                            |
| Signature - Chair, Board of Trustees  | J. L.S. Wy WING V   |   |  | . G. La Ly me county fruit   | Date                               |                            |
|   |   |   |  |  |                                    | _                          |
| County Tr This Application for Registration of area assigned to it by the County                                      |   | ind State Reimbursement I   |  | ccordance with Section 2<br>iewed and I certify that this  |                                    |                            |
|   | Transportation  | Committee.  |  |  |                                    |                            |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e   | ven thoug   | gh transp             | ortees of another legal er        | ntity may uti                              |                                | Rate Per Mile                  |                 |                           |
|--|---|-----------------------|-----------------------------------|--|--------------------------------|--------------------------------|-----------------|---------------------------|
|  | <b>Due Dates:</b> All Routes                            |                       |                                   | To County Supt To OPI October 1 October 15 |                                |                                |                 | \$1.57                    |
| County Name  |   |                       | County Number                     | District N                                 | Name                           |                                |                 | Legal Entity Number       |
| Missoula   |   |                       | 32                                | Hellga                                     | te Eleme                       | ntarv                          |                 | 0586                      |
| Route #  | Length of   | of Route              | (miles per day)                   |  | Service [                      | ☐ Bus Route Mil                |                 | Rated Capacity            |
| 8a   | 16  |                       |                                   | Bus Ro                                     | oute Mile                      | □ Non Bus Milea<br>age         | age             | 72                        |
| Vehicle I.D. #   | Lic   | cense #               |                                   | □ District                                 | Owned                          | C                              | ontractor (     |                           |
| 4314   | 96  | 600                   |                                   |  | ct - If so, Na<br>cted rate pe | me of Owner                    | lellgate Tra    | ansportation<br>——        |
| Reimbursement Distribution- Er   | nter the le   | gal entity            |                                   | of state/cou                               |                                | rsement to be pa               | aid to each dis | strict. Note: Percentages |
| Legal Entity   | Le  | egal Entity           |                                   | Legal Er                                   |                                |                                | Legal Enti      | ty                        |
| 0586   |   |                       |                                   |  |                                |                                |                 |                           |
| % 100.00   |   | %                     |                                   | %  |                                |                                | %               |                           |
| PASSENGER INFORMATION  |   |                       |                                   |  |                                |                                | 2500            | T0711                     |
| Number of Preschool/Kindergar riding this route  | lumber of Preschool/Kindergarten pupils ding this route |                       | ELEMENTARY RIDEF<br>(Grades PK-8) | KS   | HIC                            | GH SCHOOL RII<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS  |
|  |   |                       | a<br>NUMBER                       |  | b<br>NUMBER                    |                                |                 | c<br>a+b                  |
| Regular (include eligible Preschool/liriders)  | Kindergarte   | en                    | -                                 |  |                                | -                              |                 |                           |
| 1st Wheelchair (WC)  |   |                       |                                   |  |                                |                                |                 |                           |
| 2nd Wheelchair (WC)  |   |                       |                                   |  |                                |                                |                 |                           |
| Additional Wheelchairs (WC)  |   |                       |                                   |  |                                |                                |                 |                           |
| Non-WC IEP Lists Trans as Related  | Service   |                       |                                   |  |                                |                                |                 |                           |
| TOTAL ELIGIBLE RIDERS  |   |                       |                                   |  |                                |                                |                 |                           |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinder   | lance<br>garten rider                                   | rs)                   |                                   |  |                                |                                |                 |                           |
| Nonpublic School Riders (ineligible)   |   |                       |                                   |  |                                |                                |                 |                           |
| TOTAL RIDERS   |   |                       |                                   |  |                                |                                |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |   |                       |                                   |  |                                |                                |                 |                           |
| I certify that this application for bus operates on the route as ap  | proved by   |                       |                                   |  |                                |                                | sportation Co   |                           |
| Signature - Chair, Board of Trustees   | 3   |                       |                                   |  |                                |                                | Date            |                           |
| This Application for Registration area assigned to it by the Count   | of Schoo<br>ty Transpo                                  | ol Bus and ortation C |                                   | •  |                                |                                | •               |                           |
| Signature - Chair, County Transport  | ation Comn  | mittee                |                                   |  |                                |                                | Date            |                           |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordan receives state reimbursement ev                | ce with Title   | 20, Chapter 10, Part 1, MCA          | . School di                  | strict official must complete                            | one form for ea    | ach bus route that          |
|--|-----------------|--------------------------------------|------------------------------|--|--------------------|-----------------------------|
|  |                 | · ·                                  |                              |  |                    | Rate Per Mile               |
| <b>Due Dates</b> :<br>All Routes   | :               |                                      | ounty Supt<br>ber 1          | t <b>To OPI</b><br>October 15                            |                    | \$1.36                      |
| County Name  |                 | County Number                        | District                     | Name   |                    | Legal Entity Number         |
| Missoula   |                 | 32                                   | Hellga                       | ate Elementary   |                    | 0586                        |
| Route #  | Length of R     | oute (miles per day)                 |                              | Service   Bus Route Mi                                   |                    | Rated Capacity              |
| 12   | 33              |                                      | Bus R                        | □ Non Bus Mile.<br>Coute Mileage                         | age                | 65                          |
| Vehicle I.D. #   | Licens          | e #                                  | □ District                   | <u> </u>   | Contractor C       | Owned                       |
| 5589   | 1512            |                                      |                              | ct - If so, Name of Owner <b>I</b><br>cted rate per mile | Hellgate Tra       | insportation<br>—           |
| Reimbursement Distribution- Ent  | er the legal e  |                                      | e of state/co<br>atch budget |  | aid to each dis    | trict. Note: Percentages    |
| Legal Entity   | Legal           |                                      | Legal E                      |  | Legal Entity       | у                           |
| 0586   |                 |                                      |                              |  |                    |                             |
| % 100.00   | %               |                                      | %                            |  | %                  |                             |
| PASSENGER INFORMATION  |                 |                                      |                              |  |                    |                             |
| Number of Preschool/Kindergarte  | en pupils       | ELEMENTARY RIDE<br>(Grades PK-8)     | ERS                          | HIGH SCHOOL RI<br>(Grades 9-12                           |                    | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | <u> </u>        | ,                                    |                              | ,  | ,                  |                             |
|  |                 | a                                    |                              | b  |                    | c <sub>.</sub>              |
| Regular (include eligible Preschool/Ki   | ndergarten      | NUMBER                               |                              | NUMBER   |                    | a + b                       |
| riders) 1st Wheelchair (WC)  |                 |                                      |                              |  |                    |                             |
| 2nd Wheelchair (WC)  |                 |                                      |                              |  |                    |                             |
| Additional Wheelchairs (WC)  |                 |                                      |                              |  |                    |                             |
| Non-WC IEP Lists Trans as Related S  | Service         |                                      |                              |  |                    |                             |
| TOTAL ELIGIBLE RIDERS  |                 |                                      |                              |  |                    |                             |
| Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda     |                 |                                      |                              |  |                    |                             |
| agreement) (Include ineligible Preschool/Kinderga                                |                 |                                      |                              |  |                    |                             |
| Nonpublic School Riders (ineligible)   |                 |                                      |                              |  |                    |                             |
| TOTAL RIDERS   |                 |                                      |                              |  |                    |                             |
| We hereby certify that this bus will   | operate entire  | elv on the route established by the  | Board of Tru                 | I<br>ustees and within the transporta                    | tion area assigne  | ed and approved by the      |
| County Transportation Committee. W<br>We agree to supervision of this bu         | e further certi | fy that this bus transports pupils ε | ligible for sch              | nool transportation as defined by                        | / 20-10-101, MC/   | Α.                          |
| required; to provide a vehicle which m<br>Superintendent; and to provide a licer | neets the minir | num standards as established by      | the Board of                 | Public Education, the Montana                            |                    |                             |
| We also agree to refrain from solic We understand that violations of the         | iting or causin | g others to solicit students from o  | ther transpor                | tation areas.  | olding of state ar | nd county reimbursement for |
| this bus route.  We agree that if this route crosses                             |                 |                                      | ·                            |  | · ·                | Ţ                           |
| the school boards of both districts sha<br>We understand route changes occ       | all be attached | to the county superintendent's co    | ppy of this do               | cument.  |                    |                             |
| accordance with 20-10-132, MCA.  |                 |                                      |                              |  |                    |                             |
| I certify that this application for rebus operates on the route as app           |                 |                                      |                              |  |                    |                             |
| Signature - Chair, Board of Trustees   |                 |                                      |                              |  | Date               |                             |
| County Ti  | ansportatio     | n Committee Approval as ı            | equired in                   | accordance with Section 5                                | <br>20-10-132 MC   | : <b>A</b> .                |
| This Application for Registration area assigned to it by the County              | of School Bu    | s and State Reimbursement            |                              |  |                    |                             |
| Signature - Chair, County Transportate   |                 |                                      |                              |  | Date               | _                           |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   |                  |                                  |                       |   |                              |                          |  |  |
|---|------------------|----------------------------------|-----------------------|---|------------------------------|--------------------------|--|--|
| <b>Due Dates</b><br>All Routes  | :                |                                  | County Supt<br>ober 1 | t To OPI<br>October 15  |                              | Rate Per Mile<br>\$1.57  |  |  |
| County Name   |                  | County Number                    | District              | Name  |                              | Legal Entity Number      |  |  |
| Missoula  |                  | 32                               |                       | ate Elementary  |                              | 0586                     |  |  |
| Route #   | Length of Rou    | te (miles per day)               | Type of               | f Service ☐ Bus Route Mi<br>☐ Non Bus Mile                          | •                            | Rated Capacity           |  |  |
| 1   | 35               | ш                                | 1                     | toute Mileage   |                              | 71                       |  |  |
| Vehicle I.D. # 0499   | License #        | Ŧ                                |                       | : Owned Ct - If so, Name of Owner Ct - If so the cted rate per mile | Contractor C<br>Hellgate Tra |                          |  |  |
| Reimbursement Distribution- Ent   | er the legal ent |                                  | e of state/co         | unty reimbursement to be p  | aid to each dis              | trict. Note: Percentages |  |  |
| Legal Entity<br>0586  | Legal Er         |                                  | Legal E               |   | Legal Entit                  | у                        |  |  |
| % 100.00  | %                |                                  | %                     |   | %                            |                          |  |  |
| PASSENGER INFORMATION   |                  |                                  |                       |   |                              |                          |  |  |
| Number of Preschool/Kindergarteriding this route  | en pupils        | ELEMENTARY RIDI<br>(Grades PK-8) | ERS                   | HIGH SCHOOL RI<br>(Grades 9-12                                      |                              | TOTAL<br>ELIGIBLE RIDERS |  |  |
|   |                  | a<br>NUMBER                      |                       | b<br>NUMBER   |                              | c<br>a+b                 |  |  |
| Regular (include eligible Preschool/K riders)   | indergarten      | NUMBER                           |                       | NOWBER  |                              | a + b                    |  |  |
| 1st Wheelchair (WC)   |                  |                                  |                       |   |                              |                          |  |  |
| 2nd Wheelchair (WC)   |                  |                                  |                       |   |                              |                          |  |  |
| Additional Wheelchairs (WC)   |                  |                                  |                       |   |                              |                          |  |  |
| Non-WC IEP Lists Trans as Related   | Service          |                                  |                       |   |                              |                          |  |  |
| TOTAL ELIGIBLE RIDERS   |                  |                                  |                       |   |                              |                          |  |  |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)<br>(Include ineligible Preschool/Kinderga<br>Nonpublic School Riders (ineligible)   | ince             |                                  |                       |   |                              |                          |  |  |
| TOTAL RIDERS  |                  |                                  |                       |   |                              |                          |  |  |
|   |                  |                                  |                       |   |                              |                          |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                  |                                  |                       |   |                              |                          |  |  |
| I certify that this application for rebus operates on the route as app  |                  |                                  |                       |   |                              |                          |  |  |
| Signature - Chair, Board of Trustees  | ·                |                                  |                       |   | Date                         |                          |  |  |
| County To This Application for Registration area assigned to it by the County   | of School Bus    | and State Reimbursement          |                       | accordance with Section 2 eviewed and I certify that this           |                              |                          |  |  |
| Signature - Chair, County Transporta  |                  |                                  |                       |   | Date                         |                          |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Missoula Hellgate Elementary 0586 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 15 43 **Bus Route Mileage** 65 Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Hellgate Transportation 2085 5643 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0586 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordant receives state reimbursement even   |                           | · ·                             | , ,                           |                   | •  |                              |                           |  |
|--|---------------------------|---------------------------------|-------------------------------|-------------------|--|------------------------------|---------------------------|--|
| <b>Due Dates:</b><br>All Routes  | :                         |                                 |                               | County Suprober 1 | To OPI<br>October 15                                     |                              | Rate Per Mile<br>\$1.36   |  |
| County Name  |                           | County                          | / Number                      | District          | Name   |                              | Legal Entity Number       |  |
| Missoula   |                           | 32                              |                               |                   | ite Elementary   |                              | 0586                      |  |
| Route #  | Length of F               | Route (miles pe                 | er day)                       | Type of           | Service   Bus Route N  Non Bus Mil                       |                              | Rated Capacity            |  |
|  | 35                        |                                 |                               | 1 '               | oute Mileage   | J                            | 65                        |  |
| Vehicle I.D. # 5888  | 1511                      |                                 |                               |                   | Owned<br>ct - If so, Name of Owner<br>cted rate per mile | Contractor (<br>Hellgate Tra |                           |  |
| Reimbursement Distribution- Ente   | er the legal              | entity number                   |                               |                   |  | paid to each dis             | strict. Note: Percentages |  |
| Legal Entity<br>0586   | Legal                     | Entity                          | must m                        | Legal E           |  | Legal Entit                  | у                         |  |
| % 100.00   | %                         |                                 |                               | %                 |  | %                            |                           |  |
| PASSENGER INFORMATION  | _                         |                                 |                               |                   |  |                              |                           |  |
| Number of Preschool/Kindergarte riding this route  | en pupils                 |                                 | MENTARY RIDE<br>(Grades PK-8) | ERS               | HIGH SCHOOL F<br>(Grades 9-1                             |                              | TOTAL<br>ELIGIBLE RIDERS  |  |
|  |                           |                                 | a<br>NUMBER                   |                   | b<br>NUMBER  |                              | c<br>a + b                |  |
| Regular (include eligible Preschool/Kii riders)  | ndergarten                |                                 | NOMBLIX                       |                   | NOWBEN   | 1                            | a i b                     |  |
| 1st Wheelchair (WC)  |                           |                                 |                               |                   |  |                              |                           |  |
| 2nd Wheelchair (WC)  |                           |                                 |                               |                   |  |                              |                           |  |
| Additional Wheelchairs (WC)  |                           |                                 |                               |                   |  |                              |                           |  |
| Non-WC IEP Lists Trans as Related S  | Service                   |                                 |                               |                   |  |                              |                           |  |
| TOTAL ELIGIBLE RIDERS  |                           |                                 |                               |                   |  |                              |                           |  |
| Ineligible Public School Riders (i.e., ur<br>miles OR nonresident and no attendar<br>agreement)<br>(Include ineligible Preschool/Kinderga  | nce                       |                                 |                               |                   |  |                              |                           |  |
| Nonpublic School Riders (ineligible)   | ,                         |                                 |                               |                   |  |                              |                           |  |
| TOTAL RIDERS   |                           |                                 |                               |                   |  |                              |                           |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |                           |                                 |                               |                   |  |                              |                           |  |
| bus operates on the route as app<br>Signature - Chair, Board of Trustees   |                           |                                 |                               |                   |  |                              |                           |  |
| - 5 S, 253.4 or 1140.000   |                           |                                 |                               |                   |  |                              |                           |  |
| This Application for Registration of area assigned to it by the County   | of School B<br>Transporta | us and State F<br>tion Committe | Reimbursement                 |                   | accordance with Section viewed and I certify that the    |                              |                           |  |
| Signature - Chair, County Transportat  | tion Committe             | ee                              |                               |                   |  | Date                         |                           |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |             |             |                                 |                       |             |                                      | ete one form for  | each bus route that        |
|---|-------------|-------------|---------------------------------|-----------------------|-------------|--------------------------------------|-------------------|----------------------------|
| <b>Due Dates</b><br>All Routes  |             |             |                                 | County<br>ober 1      | / Supt      | <b>To OPI</b><br>October 1           | 5                 | Rate Per Mile<br>\$1.36    |
| County Name   |             |             | County Number                   | Di                    | istrict Nar | ne                                   |                   | Legal Entity Number        |
| Missoula  |             |             | 32                              | Н                     | lellgate    | Elementary                           |                   | 0586                       |
| Route #   | Length      | of Route (  | miles per day)                  | Ту                    | ype of Se   | vice   Bus Route  Non Bus            | •                 | Rated Capacity             |
| 15A   | 49          |             |                                 | Ві                    | us Rou      | te Mileage                           | willeage          | 65                         |
| Vehicle I.D. #  | Lie         | cense #     |                                 |                       | District Ow |                                      | Contractor        |                            |
| 5643  | 20          | 085         |                                 |                       |             | If so, Name of Owner I rate per mile | er Heligale II    | ansportation<br>——         |
| Reimbursement Distribution- Er  | nter the le | egal entity |                                 | je of sta<br>natch bu |             | reimbursement to I                   | pe paid to each d | istrict. Note: Percentages |
| Legal Entity<br>0586  | Le          | egal Entity |                                 |                       | egal Entity | ,                                    | Legal En          | tity                       |
| % 100.00  |             | %           |                                 |                       | %           |                                      | %                 |                            |
| PASSENGER INFORMATION   | _           |             |                                 |                       |             |                                      |                   |                            |
| Number of Preschool/Kindergar riding this route   | ten pupils  | s           | ELEMENTARY RID<br>(Grades PK-8) |                       |             | HIGH SCHOO<br>(Grades                |                   | TOTAL<br>ELIGIBLE RIDERS   |
|   |             |             | a                               |                       |             | b                                    |                   | c .                        |
| Regular (include eligible Preschool/k   | Kindergarte | en          | NUMBER                          |                       |             | NUMB                                 | EK                | a + b                      |
| riders) 1st Wheelchair (WC)   |             |             |                                 |                       |             |                                      |                   |                            |
| 2nd Wheelchair (WC)   |             |             |                                 |                       |             |                                      |                   |                            |
| Additional Wheelchairs (WC)   |             |             |                                 |                       |             |                                      |                   |                            |
| Non-WC IEP Lists Trans as Related   | l Service   |             |                                 |                       |             |                                      |                   |                            |
| TOTAL ELIGIBLE RIDERS   |             |             |                                 |                       |             |                                      |                   |                            |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |             |             |                                 |                       |             |                                      |                   |                            |
| agreement) (Include ineligible Preschool/Kinderg  |             | ers)        |                                 |                       |             |                                      |                   |                            |
| Nonpublic School Riders (ineligible)  |             |             |                                 |                       |             |                                      |                   |                            |
| TOTAL RIDERS  |             |             |                                 |                       |             |                                      |                   |                            |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |             |             |                                 |                       |             |                                      |                   |                            |
| I certify that this application for a bus operates on the route as ap   |             |             |                                 |                       |             |                                      |                   |                            |
| Signature - Chair, Board of Trustees  | 3           |             |                                 |                       |             |                                      | Date              |                            |
| County 1 This Application for Registration area assigned to it by the County  | of School   | ol Bus and  |                                 |                       |             |                                      |                   |                            |
| Signature - Chair, County Transport   |             |             |                                 |                       |             |                                      | Date              |                            |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 Legal Entity Number County Name County Number District Name Missoula Hellgate Elementary 0586 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 47 10a **Bus Route Mileage** 66 Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Hellgate Transportation 8430 C621 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0586 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| receives state reimbursement e  |   |             |                                  |                       |                                 |                                |                 | D. ( D. M.)              |
|---|---|-------------|----------------------------------|-----------------------|---------------------------------|--------------------------------|-----------------|--------------------------|
| Due Dates   | s:                                      |             | To Co                            | To County Supt To OPI |                                 |                                |                 | Rate Per Mile            |
| All Routes  | i                                       |             | Octol                            | ber 1                 |                                 | October 15                     |                 | \$1.57                   |
| County Name   |   |             | County Number                    | District              | Name                            |                                |                 | Legal Entity Number      |
| Missoula  |   |             | 32                               | Hellga                | te Elemer                       |                                |                 | 0586                     |
| Route #   | Lengt                                   | th of Route | e (miles per day)                |                       | Service [                       | Bus Route Mile                 |                 | Rated Capacity           |
| 2   | 51                                      |             |                                  | Bus R                 | oute Milea                      | □ Non Bus Milea<br>age         | ige             | 72                       |
| Vehicle I.D. #  | 1                                       | License #   |                                  | □ District            | Owned                           | C                              | ontractor C     |                          |
| 2250  | (                                       | 9594        |                                  |                       | ct - If so, Na<br>cted rate per | me of Owner                    | lellgate Tra    | nsportation<br>—         |
| Reimbursement Distribution- En  | nter the                                | legal entit |                                  | of state/co           |                                 | sement to be pa                | aid to each dis | trict. Note: Percentages |
| Legal Entity  |   | Legal Ent   |                                  | Legal E               |                                 |                                | Legal Entit     | у                        |
| 0586  |   |             |                                  |                       |                                 |                                |                 |                          |
| % 100.00  |   | %           |                                  | %                     |                                 |                                | %               |                          |
| PASSENGER INFORMATION   |   |             |                                  |                       |                                 |                                |                 |                          |
| Number of Preschool/Kindergar riding this route   | lumber of Preschool/Kindergarten pupils |             | ELEMENTARY RIDE<br>(Grades PK-8) | RS                    | HIG                             | GH SCHOOL RII<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS |
|   |   |             | a<br>NUMBER                      |                       |                                 | b<br>NUMBER                    |                 | c<br>a + b               |
| Regular (include eligible Preschool/kriders)  | Kinderga                                | arten       |                                  |                       |                                 |                                |                 | u 2                      |
| 1st Wheelchair (WC)   |   |             |                                  |                       |                                 |                                |                 |                          |
| 2nd Wheelchair (WC)   |   |             |                                  |                       |                                 |                                |                 |                          |
| Additional Wheelchairs (WC)   |   |             |                                  |                       |                                 |                                |                 |                          |
| Non-WC IEP Lists Trans as Related   | Service                                 | !           |                                  |                       |                                 |                                |                 |                          |
| TOTAL ELIGIBLE RIDERS   |   |             |                                  |                       |                                 |                                |                 |                          |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinderg   | ance                                    |             |                                  |                       |                                 |                                |                 |                          |
| Nonpublic School Riders (ineligible)  | janten ne                               | ueis)       |                                  |                       |                                 |                                |                 |                          |
| TOTAL RIDERS  |   |             |                                  |                       |                                 |                                |                 |                          |
|   |   |             |                                  |                       |                                 |                                |                 |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |   |             |                                  |                       |                                 |                                |                 |                          |
| I certify that this application for r bus operates on the route as ap   |   |             |                                  |                       |                                 |                                |                 |                          |
| Signature - Chair, Board of Trustees  | ,                                       |             |                                  |                       |                                 |                                | Date            |                          |
| County 1 This Application for Registration area assigned to it by the Count   | of Sch                                  | nool Bus a  |                                  |                       |                                 |                                |                 |                          |
| Signature - Chair, County Transporta  |   |             |                                  |                       |                                 |                                | Date            |                          |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|  |              | T::: 00     | 01 1 10 0 11 1101               | 0 1 1 1                      |                 |                      |                    |                              |
|--|--------------|-------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------|------------------------------|
| This form is required in accord receives state reimbursement   |              |             |                                 |                              |                 |                      | one form for ea    | ach bus route that           |
|  |              | J           |                                 | , ,                          |                 |                      |                    | Rate Per Mile                |
| <b>Due Dat</b><br>All Route  |              |             |                                 | ounty Supt                   |                 | To OPI<br>October 15 |                    | \$1.36                       |
|  |              |             |                                 |                              |                 |                      |                    |                              |
| County Name  |              |             | County Number                   | District                     | Name            |                      |                    | Legal Entity Number          |
| Missoula   |              |             | 32                              | Lolo E                       | Elementary      | ,                    |                    | 0588                         |
| Route #  | Length       | h of Route  | e (miles per day)               |                              | Service         | Bus Route Mil        | -                  | Rated Capacity               |
| 2  | 25           |             |                                 | Rue D                        | □<br>oute Milea | Non Bus Milea        | age                | 66                           |
| Vehicle I.D. #   |              | _icense #   |                                 | □ District                   |                 |                      | istrict Own        |                              |
| 7500   |              | 254         |                                 | □ Contra                     | ct - If so, Nar | ne of Owner          |                    |                              |
| 7500   |              | 654         |                                 |                              | cted rate per   |                      |                    |                              |
| Reimbursement Distribution- E  | Enter the I  | legal entit |                                 | e of state/co<br>atch budget |                 | sement to be pa      | aid to each dis    | trict. Note: Percentages     |
| Legal Entity   | I            | Legal Ent   |                                 | Legal E                      |                 |                      | Legal Entity       | у                            |
| 0588   |              |             |                                 |                              |                 |                      |                    |                              |
| 0/ 400.00  |              | 0/          |                                 | 0/                           |                 |                      | 0/                 |                              |
| % 100.00 PASSENGER INFORMATION   | J            | %           |                                 | %                            |                 |                      | %                  |                              |
|  |              |             | ELEMENTARY RIDE                 | RS                           | HIG             | H SCHOOL RII         |                    | TOTAL                        |
| Number of Preschool/Kindergariding this route  | arten pup    | ils         | (Grades PK-8)                   |                              |                 | (Grades 9-12)        | )                  | ELIGIBLE RIDERS              |
| namy the route   |              |             |                                 |                              |                 |                      |                    |                              |
|  |              |             | a<br>NUMBER                     |                              |                 | b<br>NUMBER          |                    | c<br>a + b                   |
| Regular (include eligible Preschoo   | l/Kinderga   | rten        |                                 |                              |                 |                      |                    |                              |
| riders) 1st Wheelchair (WC)  |              |             |                                 |                              |                 |                      |                    |                              |
| 2nd Wheelchair (WC)  |              |             |                                 |                              |                 |                      |                    |                              |
| Additional Wheelchairs (WC)  |              |             |                                 |                              |                 |                      |                    |                              |
| Non-WC IEP Lists Trans as Related Service  |              |             |                                 |                              |                 |                      |                    |                              |
| TOTAL ELIGIBLE RIDERS  |              |             |                                 |                              |                 |                      |                    |                              |
| Ineligible Public School Riders (i.e   |              |             |                                 |                              |                 |                      |                    |                              |
| miles OR nonresident and no atter agreement)   | ndance       |             |                                 |                              |                 |                      |                    |                              |
| (Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible  |              | lers)       |                                 |                              |                 |                      |                    |                              |
|  |              |             |                                 |                              |                 |                      |                    |                              |
| TOTAL RIDERS   |              |             |                                 |                              |                 |                      |                    |                              |
| We hereby certify that this bus  |              |             |                                 |                              |                 |                      |                    |                              |
| County Transportation Committee We agree to supervision of this  |              |             |                                 |                              |                 |                      |                    |                              |
| required; to provide a vehicle whic<br>Superintendent; and to provide a li   |              |             |                                 |                              |                 |                      | Highway Patrol a   | and the State                |
| We also agree to refrain from s  | oliciting or | causing ot  | hers to solicit students from o | ther transpor                | tation areas.   |                      | ulding of state or | ad accepts raimburaamant for |
| We understand that violations of this bus route.   |              |             |                                 | ·                            |                 |                      | J                  | •                            |
| We agree that if this route cross the school boards of both districts  |              |             | •                               |                              |                 | agreement between    | een Boards, 20-    | 10-126(2) MCA, signed by     |
| We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |              |             |                                 |                              |                 |                      |                    |                              |
| I certify that this application fo   | r registrat  |             |                                 |                              |                 |                      | •                  | •                            |
| bus operates on the route as a<br>Signature - Chair, Board of Truster  |              | by allu W   | пини ине и антяроптаціон se     | i vice area a                | issigned by tr  | ie County ITans      | Date Date          | mmuee.                       |
|  |              |             |                                 |                              |                 |                      |                    |                              |
| County This Application for Registration   |              |             | Committee Approval as r         |                              |                 |                      |                    |                              |
| area assigned to it by the Cou   |              |             |                                 | nas peen fe                  | vieweu and i    | cerury unat unis     | bus operates       | within the transportation    |
| Signature - Chair, County Transpo  | ortation Cor | mmittee     |                                 |                              |                 |                      | Date               |                              |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is requir   | ed in accordar                            | nce with T   | itle 20. ( | Chapter 10, Part 1, MCA          | A. School d                      | strict official                    | must complete o               | one form for e  | ach bus route that             |
|---|---|--------------|------------|----------------------------------|----------------------------------|------------------------------------|-------------------------------|-----------------|--------------------------------|
|   |   |              |            | ortees of another legal of       |                                  |                                    |                               |                 | Rate Per Mile                  |
|   | <b>Due Dates</b><br>All Routes            | <b>5</b> :   |            |                                  | County Sup<br>ober 1             | t                                  | <b>To OPI</b><br>October 15   |                 | \$1.36                         |
| County Name   |   |              |            | County Number                    | District                         | Name                               |                               |                 | Legal Entity Number            |
| Missoula  | Missoula 32                               |              | 32         | Lolo I                           | Elementary                       | /                                  |                               | 0588            |                                |
| Route #   |   | Length o     | f Route    | (miles per day)                  | Type of Service ☐ Bus Route Mile |                                    | -                             | Rated Capacity  |                                |
| 3   |   | 27           |            |                                  | Bus F                            | Route Milea                        | □ Non Bus Milea<br>age        | age             | 66                             |
| Vehicle I.D. #  |   | Lice         | ense #     |                                  | □ Distric                        |                                    |                               | District Own    | ed                             |
| 7500  |   | 654          | 4          |                                  |                                  | ict - ii so, iva<br>icted rate pei | me of Owner<br>r mile         |                 |                                |
| Reimbursement D   | istribution- En                           | ter the leg  | al entity  |                                  |                                  |                                    | rsement to be pa              | aid to each dis | strict. Note: Percentages      |
| Legal Entity  |   | Leg          | gal Entit  |                                  | natch budge<br>Legal E           |                                    |                               | Legal Entit     | ry                             |
| 0588  | 1   |              |            |                                  |                                  |                                    |                               |                 |                                |
| % 100.00  | n   |              | %          |                                  | %                                |                                    |                               | %               |                                |
| PASSENGER INF   |   | -            | 70         |                                  | 70                               |                                    |                               | 70              |                                |
| Number of Presch<br>riding this route   | nool/Kindergart                           | ten pupils   |            | ELEMENTARY RIDI<br>(Grades PK-8) | ERS                              | HIC                                | GH SCHOOL RI<br>(Grades 9-12) |                 | TOTAL<br>ELIGIBLE RIDERS       |
|   |   |              |            | a                                |                                  |                                    | р                             |                 | C                              |
| Regular (include elig   | ible Preschool/K                          | (indergarten | 1          | NUMBER                           |                                  |                                    | NUMBER                        |                 | a + b                          |
| riders) 1st Wheelchair (WC)   | )   |              |            |                                  |                                  |                                    |                               |                 |                                |
| 2nd Wheelchair (WC  | <b>(</b> )                                |              |            |                                  |                                  |                                    |                               |                 |                                |
| Additional Wheelchairs (WC)   |   |              |            |                                  |                                  |                                    |                               |                 |                                |
| Non-WC IEP Lists To   | Non-WC IEP Lists Trans as Related Service |              |            |                                  |                                  |                                    |                               |                 |                                |
| TOTAL ELIGIBLE  | RIDERS                                    |              |            |                                  |                                  |                                    |                               |                 |                                |
| Ineligible Public Schomiles OR nonresider   |   |              |            |                                  |                                  |                                    |                               |                 |                                |
| agreement)<br>(Include ineligible Pr  |   |              | )          |                                  |                                  |                                    |                               |                 |                                |
| Nonpublic School Ri   | ders (ineligible)                         |              |            |                                  |                                  |                                    |                               |                 |                                |
| TOTAL RIDERS  |   |              |            |                                  |                                  |                                    |                               |                 |                                |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |   |              |            |                                  |                                  |                                    |                               |                 |                                |
| Signature - Chair, Bo   | oard of Trustees                          |              |            |                                  |                                  |                                    |                               | Date            |                                |
| This Application for area assigned to it  | or Registration                           | of School    | Bus an     |                                  |                                  |                                    |                               |                 | CA. swithin the transportation |
| Signature - Chair, Co   |   |              |            |                                  |                                  |                                    |                               | Date            |                                |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement evaluations.  |                     |                                  |  |   |                  |                          |  |
|---|---------------------|----------------------------------|--|---|------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  |                     |                                  | County Suprober 1  | t To OPI<br>October 15                                  |                  | Rate Per Mile<br>\$1.36  |  |
| County Name   |                     | County Number                    | District   | Name  |                  | Legal Entity Number      |  |
| Missoula  |                     | 32                               |  | Elementary  |                  | 0588                     |  |
| Route #   | Length of Route     | e (miles per day)                | Type of  | f Service □ Bus Route M<br>□ Non Bus Mile               | -                | Rated Capacity           |  |
| 4   | 10.2                |                                  | 1  | toute Mileage   |                  | 66                       |  |
| Vehicle I.D. # 7500   | License #           |                                  | <ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li></ul> |   |                  |                          |  |
| Reimbursement Distribution- En  | ter the legal entit |                                  | e of state/co  | unty reimbursement to be p                              | oaid to each dis | trict. Note: Percentages |  |
| Legal Entity<br>0588  | Legal Enti          |                                  | natch budget<br>Legal E  |   | Legal Entit      | у                        |  |
| % 100.00  | %                   |                                  | %  |   | %                |                          |  |
| PASSENGER INFORMATION   | ,,,                 |                                  |  |   |                  |                          |  |
| Number of Preschool/Kindergar riding this route   | ten pupils          | ELEMENTARY RIDE<br>(Grades PK-8) | ERS  | HIGH SCHOOL R<br>(Grades 9-12                           |                  | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                     | a<br>NUMBER                      |  | b<br>NUMBER   |                  | c<br>a + b               |  |
| Regular (include eligible Preschool/kriders)  | Kindergarten        |                                  |  |   |                  | ŭ 2                      |  |
| 1st Wheelchair (WC)   |                     |                                  |  |   |                  |                          |  |
| 2nd Wheelchair (WC)   |                     |                                  |  |   |                  |                          |  |
| Additional Wheelchairs (WC)   |                     |                                  |  |   |                  |                          |  |
| Non-WC IEP Lists Trans as Related   | Service             |                                  |  |   |                  |                          |  |
| TOTAL ELIGIBLE RIDERS   |                     |                                  |  |   |                  |                          |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg  | ance                |                                  |  |   |                  |                          |  |
| Nonpublic School Riders (ineligible)  |                     |                                  |  |   |                  |                          |  |
| TOTAL RIDERS  |                     |                                  |  |   |                  |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                     |                                  |  |   |                  |                          |  |
| I certify that this application for r bus operates on the route as ap   | •                   |                                  |  | •   | ,                | · ·                      |  |
| Signature - Chair, Board of Trustees  |                     | aro adrioportation se            | 1100 arca a  | isosginou by the county Hai                             | Date             |                          |  |
| County T This Application for Registration area assigned to it by the Count   | of School Bus a     | nd State Reimbursement           |  | accordance with Section eviewed and I certify that this |                  |                          |  |
| Signature - Chair, County Transporta  |                     |                                  |  |   | Date             |                          |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This fame is accorded to according   | (a)- T(a)-  | 00 Object - 40 Deat 4 MOA        | 0-11-1                 | talet efficiel accept a consisten              | 6 6                | -1-1                        |  |
|--|---|----------------------------------|------------------------|--|--------------------|-----------------------------|--|
| This form is required in accordance receives state reimbursement ever          |   |                                  |                        |  | one form for ea    | ich dus route that          |  |
| Due Dates:   | -   | To C                             | County Sup             | To OPI   | I                  | Rate Per Mile               |  |
| All Routes   |   |                                  | ober 1                 | October 15                                     | 5                  | \$1.36                      |  |
| County Name  |   | County Number                    | District               | Nama   |                    | Legal Entity Number         |  |
| County Name  |   |                                  | District               | Ivaille  |                    | ,                           |  |
| Missoula Route #   | anath of Da   | 32                               |                        | lementary                                      | :                  | Dated Canacity              |  |
|  |   | oute (miles per day)             | Type of                | Service   Bus Route M  Non Bus Mile            | -                  | Rated Capacity              |  |
| 5 3  |   |                                  | Bus R                  | oute Mileage                                   | J                  | 66                          |  |
| Vehicle I.D. #   | License   | e #                              |                        | District Owned Contract - If so, Name of Owner |                    |                             |  |
| 7500   | 654   |                                  |                        | cted rate per mile                             |                    |                             |  |
| Reimbursement Distribution- Enter  | r the legal e   |                                  |                        |  | aid to each dis    | trict. Note: Percentages    |  |
| Legal Entity   | Legal E   |                                  | atch budget<br>Legal E |  | Legal Entity       | /                           |  |
| 0588   | 9   | -···· <b>·</b>                   | 9                      | ,  |                    | ,                           |  |
|  |   |                                  |                        |  |                    |                             |  |
| % 100.00   | %   |                                  | %                      |  | %                  |                             |  |
| PASSENGER INFORMATION  |   | ELEMENTARY RIDE                  | ERS                    | HIGH SCHOOL R                                  | IDERS              | TOTAL                       |  |
| Number of Preschool/Kindergarter riding this route                             | n pupils  | (Grades PK-8)                    |                        | (Grades 9-12                                   | 2)                 | ELIGIBLE RIDERS             |  |
| Inding this route  |   |                                  |                        |  |                    |                             |  |
|  |   | a<br>NUMBER                      |                        | b<br>NUMBER                                    |                    | c<br>a + b                  |  |
| Regular (include eligible Preschool/Kind                                       | dergarten   | TTOMBER .                        |                        | Nomber   |                    | u · b                       |  |
| riders) 1st Wheelchair (WC)  |   |                                  |                        |  |                    |                             |  |
| 2nd Wheelchair (WC)  |   |                                  |                        |  |                    |                             |  |
| Additional Wheelchairs (WC)  |   |                                  |                        |  |                    |                             |  |
| Non-WC IEP Lists Trans as Related Service                                      |   |                                  |                        |  |                    |                             |  |
| TOTAL ELIGIBLE RIDERS  |   |                                  |                        |  |                    |                             |  |
| Ineligible Public School Riders (i.e., und                                     |   |                                  |                        |  |                    |                             |  |
| miles OR nonresident and no attendant agreement)                               |   |                                  |                        |  |                    |                             |  |
| (Include ineligible Preschool/Kindergart Nonpublic School Riders (ineligible)  | ten riders)   |                                  |                        |  |                    |                             |  |
| TOTAL RIDERS   |   |                                  |                        |  |                    |                             |  |
|  |   |                                  |                        |  |                    |                             |  |
| We hereby certify that this bus will o<br>County Transportation Committee. We  |   |                                  |                        |  |                    |                             |  |
| We agree to supervision of this bus required; to provide a vehicle which me    |   |                                  |                        |  |                    |                             |  |
| Superintendent; and to provide a licens We also agree to refrain from soliciti | sed, qualified  | and approved driver to operate s | such vehicle a         | s required by 20-10-103, MCA.                  | ga, . a            | a u.o otato                 |  |
| We understand that violations of the   |   |                                  |                        |  | olding of state an | nd county reimbursement for |  |
| this bus route.  We agree that if this route crosses d                         |   | •                                |                        | , ,,   | een Boards, 20-1   | 0-126(2) MCA, signed by     |  |
| We understand route changes occur  | the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in |                                  |                        |  |                    |                             |  |
| accordance with 20-10-132, MCA.  I certify that this application for red       |   |                                  |                        |  |                    |                             |  |
| bus operates on the route as appre   | bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                                  |                        |  |                    |                             |  |
| Signature - Chair, Board of Trustees   |   |                                  |                        |  | Date               |                             |  |
|  |   | n Committee Approval as          |                        |  |                    |                             |  |
| This Application for Registration of area assigned to it by the County         |   |                                  | has been re            | eviewed and I certify that thi                 | s bus operates     | within the transportation   |  |
| Signature - Chair, County Transportation                                       |   |                                  |                        |  | Date               |                             |  |



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

### **Combined School District Application** for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Lolo Elementary 0588 Missoula Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 66 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 7500 654 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0588 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** 

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

| Signature - Chair, County Transportation Committee | Date |
|--|------|
|  |      |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e   | ven though tr   | ansportees of and | other legal en            | tity may ut           | ilize the services.                                    |                  | Rate Per Mile            |
|--|-----------------|-------------------|---------------------------|-----------------------|--|------------------|--------------------------|
| <b>Due Dates</b><br>All Routes   |                 |                   | <b>To Co</b><br>Octob     | ounty Supt<br>er 1    | To OPI<br>October 15                                   |                  | \$1.36                   |
| County Name  |                 | County Nu         | ımber                     | District              | Name   |                  | Legal Entity Number      |
| Missoula   |                 | 32                |                           | Poton                 | nac Elementary   |                  | 0589                     |
| Route #  | Length of R     | oute (miles per d | ay)                       |                       | Service   Bus Route I                                  |                  | Rated Capacity           |
| 2  | 30              |                   |                           | Bus R                 | □ Non Bus Mi<br>coute Mileage                          | leage            | 65                       |
| Vehicle I.D. #   | Licens          | se #              |                           |                       | Owned  | Contractor C     | )wned                    |
| 8184   | 5940            |                   |                           |                       | ct - If so, Name of Owner cted rate per mile           | Ness Transp      | oortation Inc            |
| Reimbursement Distribution- Er   | iter the legal  | entity number and |                           |                       |  | paid to each dis | trict. Note: Percentages |
| Legal Entity<br>0589   | Legal           | Entity            | must ma                   | tch budget<br>Legal E |  | Legal Entity     | У                        |
| % 100.00   | %               |                   |                           | %                     |  | %                |                          |
| PASSENGER INFORMATION  |                 | EL ENAEN          | ITADV DIDE                | 20                    | 1110110011001  | DIDEDO           | TOTAL                    |
| Number of Preschool/Kindergar riding this route  | ten pupils      |                   | ITARY RIDEF<br>ades PK-8) | <del></del>           | HIGH SCHOOL<br>(Grades 9-                              |                  | TOTAL<br>ELIGIBLE RIDERS |
|  |                 | N                 | a<br>UMBER                |                       | b<br>NUMBEF  | 2                | c<br>a+b                 |
| Regular (include eligible Preschool/kriders)   | Kindergarten    |                   |                           |                       |  |                  |                          |
| 1st Wheelchair (WC)  |                 |                   |                           |                       |  |                  |                          |
| 2nd Wheelchair (WC)  |                 |                   |                           |                       |  |                  |                          |
| Additional Wheelchairs (WC)  |                 |                   |                           |                       |  |                  |                          |
| Non-WC IEP Lists Trans as Related  |                 |                   |                           |                       |  |                  |                          |
| TOTAL ELIGIBLE RIDERS  |                 |                   |                           |                       |  |                  |                          |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc   | ance            |                   |                           |                       |  |                  |                          |
| Nonpublic School Riders (ineligible)   | garteri riders) |                   |                           |                       |  |                  |                          |
| TOTAL RIDERS   |                 |                   |                           |                       |  |                  |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                 |                   |                           |                       |  |                  |                          |
| I certify that this application for rouse operates on the route as ap  | proved by an    |                   |                           |                       |  | ansportation Con |                          |
| Signature - Chair, Board of Trustees   |                 |                   |                           |                       |  | Date             |                          |
| County 1 This Application for Registration area assigned to it by the County   | of School Bu    | is and State Rein |                           |                       | accordance with Section eviewed and I certify that the |                  |                          |
| Signature - Chair, County Transporta   |                 |                   |                           |                       |  | Date             |                          |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   |                  |  |                        |                                | e one form for e    | ach bus route that          |  |
|---|------------------|--|------------------------|--------------------------------|---------------------|-----------------------------|--|
|   | -                |  |                        |                                |                     | Rate Per Mile               |  |
| <b>Due Dates</b><br>All Routes  | <u>:</u>         |  | ounty Supt<br>ber 1    | t To OPI<br>October 15         |                     | \$1.36                      |  |
| County Name   |                  | County Number  | District               | Name                           |                     | Legal Entity Number         |  |
| Missoula  |                  | 32   | Poton                  | nac Elementary                 |                     | 0589                        |  |
| Route #   | Length of Rou    | te (miles per day)   |                        | f Service   Bus Route I        |                     | ileage Rated Capacity       |  |
| 1   | 54               |  | Bus R                  | □ Non Bus Mi<br>Route Mileage  | leage               | 65                          |  |
| Vehicle I.D. #  | License :        | # District Owned   |                        |                                | Contractor (        |                             |  |
| 8185  | C446             | <ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul> |                        |                                | Ness Trans          | portation Inc               |  |
| Reimbursement Distribution- Ent   | er the legal en  |  | of state/coatch budget |                                | paid to each dis    | strict. Note: Percentages   |  |
| Legal Entity  | Legal Er         |  | Legal E                |                                | Legal Entit         | ty                          |  |
| 0589  |                  |  |                        |                                |                     |                             |  |
| % 100.00  | %                |  | %                      |                                | %                   |                             |  |
| PASSENGER INFORMATION   |                  |  |                        |                                |                     |                             |  |
| Number of Preschool/Kindergart  | en pupils        | ELEMENTARY RIDE<br>(Grades PK-8)   | :RS                    | HIGH SCHOOL (Grades 9-         |                     | TOTAL<br>ELIGIBLE RIDERS    |  |
| riding this route   | <u> </u>         | ,  |                        | ,                              | ,                   |                             |  |
|   |                  | a  |                        | b                              |                     | C .                         |  |
| Regular (include eligible Preschool/K   | indergarten      | NUMBER   |                        | NUMBEF                         | ₹                   | a + b                       |  |
| riders) 1st Wheelchair (WC)   |                  |  |                        |                                |                     |                             |  |
| 2nd Wheelchair (WC)   |                  |  |                        |                                |                     |                             |  |
| Additional Wheelchairs (WC)   |                  |  |                        |                                |                     |                             |  |
| Non-WC IEP Lists Trans as Related   | Service          |  |                        |                                |                     |                             |  |
| TOTAL ELIGIBLE RIDERS   |                  |  |                        |                                |                     |                             |  |
| Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda  |                  |  |                        |                                |                     |                             |  |
| agreement) (Include ineligible Preschool/Kinderga   |                  |  |                        |                                |                     |                             |  |
| Nonpublic School Riders (ineligible)  | arteri nuers)    |  |                        |                                |                     |                             |  |
| TOTAL RIDERS  |                  |  |                        |                                |                     |                             |  |
| We hereby certify that this bus will  | operate entirely | on the route established by the  | Poard of Tru           | ustons and within the transpor | tation area assign  | ed and approved by the      |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. |                  |  |                        |                                |                     |                             |  |
| We also agree to refrain from solic<br>We understand that violations of the<br>this bus route.  |                  |  |                        |                                | nholding of state a | nd county reimbursement for |  |
| We agree that if this route crosses the school boards of both districts sha   |                  |  |                        |                                | tween Boards, 20-   | 10-126(2) MCA, signed by    |  |
| We understand route changes occaccordance with 20-10-132, MCA.  |                  |  |                        |                                | he County Transpo   | ortation Committee in       |  |
| I certify that this application for re  |                  |  |                        |                                |                     |                             |  |
| bus operates on the route as app<br>Signature - Chair, Board of Trustees  | noved by and \   | within the transportation se   | i vice area a          | issigned by the County 118     | Date Date           | mmulee.                     |  |
|   |                  |  |                        |                                |                     |                             |  |
| County T<br>This Application for Registration<br>area assigned to it by the County  | of School Bus    |  |                        |                                |                     |                             |  |
| Signature - Chair, County Transporta  |                  |  |                        |                                | Date                |                             |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| receives state reimbursement even though transportees of another legal entity may utilize the services.  |   |                                  |                        |                       |                        | Data Dan Mila               |
|--|---|----------------------------------|------------------------|-----------------------|------------------------|-----------------------------|
| Due Dates<br>All Routes  |   |                                  | County Supt<br>ober 1  | t To OPI<br>Octobe    |                        | Rate Per Mile<br>\$1.36     |
| County Name  |   | County Number                    | District               | Name                  |                        | Legal Entity Number         |
| Missoula   |   | 32                               |                        | er Elementary         |                        | 0590                        |
| Route #  | Length of Ro                                      | ute (miles per day)              | Type of                |                       | oute Mileage           | Rated Capacity              |
| 7  | 16.7  |                                  | Bus R                  | oute Mileage          | us Mileage             | 66                          |
| Vehicle I.D. #   | License   | #                                | □ District             |                       | Contracto              |                             |
| 0078   | L206  |                                  |                        | ct - If so, Name of O | wner L&BBus            | sing, Inc                   |
| Reimbursement Distribution- Er   | nter the legal er                                 |                                  |                        |                       | to be paid to each     | district. Note: Percentages |
| Legal Entity   | Legal E   |                                  | atch budget<br>Legal E |                       | Legal E                | ntity                       |
| 0590   |   | •                                |                        | ·                     |                        | ,                           |
| % 100.00   | %   |                                  | %                      |                       | %                      |                             |
| PASSENGER INFORMATION  | 70  |                                  | 70                     |                       | 70                     |                             |
| Number of Preschool/Kindergar riding this route  | ten pupils  | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                    |                       | OOL RIDERS<br>es 9-12) | TOTAL<br>ELIGIBLE RIDERS    |
|  |   | a<br>NUMBER                      |                        | NUI                   | b<br>MBER              | c<br>a+b                    |
| Regular (include eligible Preschool/hriders)   | Kindergarten                                      | -                                |                        |                       |                        |                             |
| 1st Wheelchair (WC)  |   |                                  |                        |                       |                        |                             |
| 2nd Wheelchair (WC)  |   |                                  |                        |                       |                        |                             |
| Additional Wheelchairs (WC)  |   |                                  |                        |                       |                        |                             |
| Non-WC IEP Lists Trans as Related  | Service   |                                  |                        |                       |                        |                             |
| TOTAL ELIGIBLE RIDERS  |   |                                  |                        |                       |                        |                             |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinderg  | ance  |                                  |                        |                       |                        |                             |
| Nonpublic School Riders (ineligible)   |   |                                  |                        |                       |                        |                             |
| TOTAL RIDERS   |   |                                  |                        |                       |                        |                             |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |   |                                  |                        |                       |                        |                             |
| County   | Franchortation                                    | Committee Approval co            | required in            | accordance with S     | action 20 40 422       | MCA                         |
| This Application for Registration area assigned to it by the Count   | of School Bus                                     |                                  |                        |                       |                        |                             |
| Signature - Chair, County Transport  | <del>, , , , , , , , , , , , , , , , , , , </del> | on John Miles                    |                        |                       | Date                   |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordan receives state reimbursement even   |                 |                                  |                   |   | complete one for         | m for each bu | s route that           |
|---|-----------------|----------------------------------|-------------------|---|--------------------------|---------------|------------------------|
| Due Dates:  |                 |                                  | ounty Sup         |   | PI                       | Rate F        | Per Mile               |
| All Routes  | <del>-</del>    | Octo                             |                   |   | bber 15                  | \$1.57        |                        |
| County Name   |                 | County Number                    | District          | Name                                      |                          | Legal         | Entity Number          |
| Missoula  |                 | 32                               | Bonner Elementary |   |                          | 0590          | )                      |
|   | Length of Ro    | ute (miles per day)              |                   | Service   Bus                             | Route Mileage            |               | I Capacity             |
| 11a   | 6.5             |                                  | Bus R             | □ Nor<br>oute Mileage!                    | n Bus Mileage            | 72            |                        |
| Vehicle I.D. #  | License         | #                                | □ District        | Owned                                     |                          | ctor Owne     |                        |
| 1744  | L183            |                                  |                   | ct - If so, Name of<br>cted rate per mile |                          | Busing, Inc   | ;                      |
| Reimbursement Distribution- Enter   | er the legal er |                                  | of state/co       |   | ent to be paid to e      | ach district. | Note: Percentages      |
| Legal Entity  | Legal E         |                                  | Legal E           |   | Leg                      | al Entity     |                        |
| 0590  |                 |                                  |                   |   |                          |               |                        |
| % 100.00  | %               |                                  | %                 |   | C                        | %             |                        |
| PASSENGER INFORMATION   |                 |                                  | DC                | I IIICH C                                 | CHOOL PIPERC             |               | TOTAL                  |
| Number of Preschool/Kindergarte   | en pupils       | ELEMENTARY RIDE<br>(Grades PK-8) | .KS               |   | CHOOL RIDERS rades 9-12) | EL            | TOTAL<br>IGIBLE RIDERS |
| riding this route   |                 |                                  |                   |   |                          |               |                        |
|   |                 | a<br>NUMBER                      |                   |   | b<br>NUMBER              |               | C                      |
| Regular (include eligible Preschool/Ki  | ndergarten      | NUMBER                           |                   | l l                                       | NUMBER                   |               | a + b                  |
| riders) 1st Wheelchair (WC)   |                 |                                  |                   |   |                          |               |                        |
| 2nd Wheelchair (WC)   |                 |                                  |                   |   |                          |               |                        |
| Additional Wheelchairs (WC)   |                 |                                  |                   |   |                          |               |                        |
| Non-WC IEP Lists Trans as Related S   | Service         |                                  |                   |   |                          |               |                        |
| TOTAL ELIGIBLE RIDERS   |                 |                                  |                   |   |                          |               |                        |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda   |                 |                                  |                   |   |                          |               |                        |
| agreement) (Include ineligible Preschool/Kinderga   | arten riders)   |                                  |                   |   |                          |               |                        |
| Nonpublic School Riders (ineligible)  |                 |                                  |                   |   |                          |               |                        |
| TOTAL RIDERS  |                 |                                  |                   |   |                          |               |                        |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. |                 |                                  |                   |   |                          |               |                        |
| We understand route changes occ accordance with 20-10-132, MCA.   |                 |                                  |                   |   |                          |               |                        |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                 |                                  |                   |   |                          |               |                        |
| Signature - Chair, Board of Trustees  |                 |                                  |                   |   | Date                     |               |                        |
| County Tr This Application for Registration of area assigned to it by the County  | of School Bus   |                                  |                   |   |                          |               | the transportation     |
| Signature - Chair, County Transportat   |                 |                                  |                   |   | Date                     |               |                        |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e            | nce with Title    | 20, Chapter 10, Part 1, N                        | MCA. School di                    | istrict official must comp                      | lete one form for e   | ach bus route that          |
|--|-------------------|--|-----------------------------------|---|-----------------------|-----------------------------|
|  | _                 |  |                                   |   |                       | Rate Per Mile               |
| <b>Due Dates</b><br>All Routes   |                   |  | <b>Fo County Sup</b><br>October 1 | t To OPI<br>October 1                           | 5                     | \$1.57                      |
| County Name  |                   | County Number                                    | District                          | Name  |                       | Legal Entity Number         |
| Missoula   |                   | 32   | Bonn                              | er Elementary                                   |                       | 0590                        |
| Route #  | Length of R       | oute (miles per day)                             |                                   | f Service   Bus Rou                             |                       | Rated Capacity              |
| 5  | 7.2               |  | Bus F                             | □ Non Bus<br>Route Mileage                      | Mileage               | 72                          |
| Vehicle I.D. #   | Licens            | e #  | □ Distric                         | t Owned   | Contractor (          |                             |
| 7247   | L209              |  |                                   | act - If so, Name of Own<br>acted rate per mile | er L & B Busin        | g, Inc                      |
| Reimbursement Distribution- Er   | iter the legal    |  | ntage of state/co                 |   | be paid to each dis   | strict. Note: Percentages   |
| Legal Entity   | Legal             | Entity   | Legal E                           |   | Legal Enti            | ty                          |
| 0590   |                   |  |                                   |   |                       |                             |
| % 100.00   | %                 |  | %                                 |   | %                     |                             |
| PASSENGER INFORMATION  |                   |  |                                   |   |                       |                             |
| Number of Preschool/Kindergar  | ten pupils        | ELEMENTARY F<br>(Grades PK                       |                                   | HIGH SCHOO<br>(Grades                           |                       | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  | <u> </u>          | `  | ,                                 | ,   | ,                     |                             |
|  |                   | a  |                                   | b   |                       | C .                         |
| Regular (include eligible Preschool/h                                      | Kindergarten      | NUMBER   | <u> </u>                          | NUME  | SEK                   | a + b                       |
| riders) 1st Wheelchair (WC)  |                   |  |                                   |   |                       |                             |
| 2nd Wheelchair (WC)  |                   |  |                                   |   |                       |                             |
| Additional Wheelchairs (WC)  |                   |  |                                   |   |                       |                             |
| Non-WC IEP Lists Trans as Related  | Service           |  |                                   |   |                       |                             |
| TOTAL ELIGIBLE RIDERS  |                   |  |                                   |   |                       |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |                   |  |                                   |   |                       |                             |
| agreement) (Include ineligible Preschool/Kinderd                           |                   |  |                                   |   |                       |                             |
| Nonpublic School Riders (ineligible)                                       | jarton nacio)     |  |                                   |   |                       |                             |
| TOTAL RIDERS   |                   |  |                                   |   |                       |                             |
| We hereby certify that this bus wi   | Il operate entire | ely on the route established b                   | by the Board of Tr                | ustees and within the trans                     | portation area assign | ed and approved by the      |
| County Transportation Committee.  We agree to supervision of this b        | We further certi  | fy that this bus transports pu                   | pils eligible for sc              | hool transportation as defin                    | ed by 20-10-101, MC   | Α.                          |
| required; to provide a vehicle which Superintendent; and to provide a lice | meets the minii   | num standards as establishe                      | ed by the Board of                | f Public Education, the Mon                     | itana Highway Patrol  |                             |
| We also agree to refrain from sol We understand that violations of         | iciting or causin | g others to solicit students from                | om other transpor                 | rtation areas.                                  |                       | nd county reimbursement for |
| this bus route.  We agree that if this route crosse                        |                   |  | •                                 |   | · ·                   | •                           |
| the school boards of both districts shade understand route changes of      | nall be attached  | to the county superintenden                      | it's copy of this do              | cument.   |                       |                             |
| accordance with 20-10-132, MCA.  I certify that this application for r     |                   |  |                                   |   |                       |                             |
| bus operates on the route as ap<br>Signature - Chair, Board of Trustees    |                   | d within the transportation                      | n service area a                  | assigned by the County                          | Transportation Co     | mmittee.                    |
| <u>,</u>   |                   |  |                                   |   |                       |                             |
| County 1 This Application for Registration                                 |                   | on Committee Approval<br>us and State Reimbursem |                                   |   |                       |                             |
| area assigned to it by the Count<br>Signature - Chair, County Transporta   | ty Transporta     | tion Committee.                                  |                                   | ,   | Date                  | ·                           |
| organical - Origin, Country Transport                                      |                   | •  |                                   |   | Date                  |                             |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Rate Per Mile    Due Dates:  | This form is required in accordance receives state reimbursement even      | ce with Title 20    | 0, Chapter 10, Part 1, MCA.        | School dis     | strict official must complet   | e one form for e    | ach bus route that           |
|--|--|---------------------|------------------------------------|----------------|--------------------------------|---------------------|------------------------------|
| County Name   County Number   District Name   Legal Entity   Save Service   Bus Route Mileage   Rated Capacity   Non Rus Mileage   Rated Capacity   Rated Capacit |  | -                   |                                    |                |                                |                     | Rate Per Mile                |
| Missoula    Sacratic   |  |                     |                                    |                |                                |                     | \$1.57                       |
| Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity   Non Bus Mileage   Short Mileage   Non Bus Mileage   Non Bus Mileage   Short Mileage   Non Bus Mileage   | County Name  |                     | County Number                      | District       | Name                           |                     | Legal Entity Number          |
| Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity   Non Bus Mileage   Short Mileage   Non Bus Mileage   Non Bus Mileage   Short Mileage   Non Bus Mileage   | Missoula   |                     | 32                                 | Bonne          | er Elementary                  |                     | 0590                         |
| Vehicle I.D. #   |  | Length of Rou       |                                    |                | f Service   Bus Route          |                     |                              |
| District Owned   Contract or Owned   | 4  | 3.2                 |                                    | Bus R          |                                | ileage              | 72                           |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity   | Vehicle I.D. #   | License             | #                                  | □ District     | t Owned                        |                     |                              |
| Legal Entity  Number of Preschool/Kindergarten pupils Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Preschool/Kindergarten riders) Rompublic School Riders (i.e., under 3 miles CR nonresident and no attendance agreement) Richude ineligible Preschool/Kindergarten riders) Rompublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent and county Superintendent and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from sociling or causing others to sociling areas.  We understand that volations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from ou | 1744   | L183                |                                    |                |                                | L & B Busir         | ng, Inc<br>                  |
| Legal Entity 0590 % 100.00 % % % %  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route  Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include eligible preschool/Kindergarten riders) Nonpublic School Riders (iie, under 3 miles OR nonresident and no attendance agreement) TOTAL ELIGIBLE RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. Whe further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and County Superintendent and Experimendent and provide a licensed, qualified and approved driver to operate such whiche as required; to provide a vehicle which meets the minimum standards as established by the Board of Tustees and within the Insupportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Tustile Education Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such whicle as required to go 20-10-103, MCA. We also agree to refrain from soliciting or cassing others to solicit students from outside the district, a copy  | Reimbursement Distribution- Ente   | er the legal en     |                                    |                |                                | paid to each di     | strict. Note: Percentages    |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades Pk-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten pupils (Grades Pk-8)  Regular (include eligible Preschool/Kindergarten niders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include eligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation committee. We further certify that this bus transports pupils eligible for School transportation as defined by 20-10-101. MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education as defined by 20-10-101. MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent as are required; to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to erfart in from soliciting or causing others to solicit students from other transportation area required by 20-10-103, MCA.  We agree to a supervision of this bus and a such as a construction of the supervision of the state superintendent and County Superintendent as we understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, account the agreement between |  | Legal Er            |                                    |                |                                | Legal Enti          | ty                           |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (IDBRS riding this route  | 0590   |                     |                                    |                |                                |                     |                              |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (ELIGIBLE RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Gra | % 100.00   | %                   |                                    | %              |                                | %                   |                              |
| Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route  a b c c NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten riders) Tast Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include neligible) Preschool/Kindergarten riders) Nonpublic School Riders (ine. under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ine. under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montander Highway Patrol and the State Superintendent; and to provide a flicensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We also agree to refrain from soliciting or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from o | _  |                     |                                    |                |                                |                     |                              |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR norresident and no attendance agreement) (include ineligible)  TOTAL ELIGIBLE RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus rransports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-102(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  | Number of Preschool/Kindergarte  | en pupils           |                                    | RS             |                                |                     |                              |
| NUMBER NUMBER a + b  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing shool transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent; copy of this document.   | riding this route  |                     | ,                                  |                | ,                              | ,                   |                              |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school bransportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent and County of the State Superintendent and County Superintendent and County of the State Superintendent and County Superintendent and County of the State Superintendent and County Superintendent superintendent superintendent and County Superintendent superintendent superintendent superintendent superintendent superintendent superintendent superintenden |  |                     |                                    |                | _                              | _                   | -                            |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.   |  | ndergarten          | NUMBER                             |                | NUMBEI                         | Κ                   | a + b                        |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation areas.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  |  |                     |                                    |                |                                |                     |                              |
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| required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.   | County Transportation Committee. W   | e further certify   | that this bus transports pupils e  | igible for sch | nool transportation as defined | by 20-10-101, MC    | CA.                          |
| We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.   | required; to provide a vehicle which m                                     | eets the minimu     | m standards as established by      | the Board of   | Public Education, the Montar   | na Highway Patrol   |                              |
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| the school boards of both districts shall be attached to the county superintendent's copy of this document.  | this bus route.  |                     |                                    | ·              |                                | J                   | •                            |
| accordance with 20-10-132, MCA.  | the school boards of both districts sha<br>We understand route changes occ | Il be attached to   | the county superintendent's co     | py of this do  | cument.                        |                     |                              |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the  | I certify that this application for re                                     |                     |                                    |                |                                |                     |                              |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date   |  | TOVED BY AIRC       | within the transportation ser      | vice alea a    | issigned by the County If      |                     | mmucc.                       |
|  |  |                     |                                    |                |                                |                     |                              |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.  | This Application for Registration of                                       | of School Bus       | and State Reimbursement I          |                |                                |                     |                              |
| Signature - Chair, County Transportation Committee  Date   |  |                     |                                    |                |                                | Date                |                              |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.  | nce with T   | Title 20, C | Chapter 10, Part 1, MCA          | . School di                       | strict official must complete ilize the services.       | one form for ea | ach bus route that        |
|---|--------------|-------------|----------------------------------|-----------------------------------|---|-----------------|---------------------------|
| <b>Due Dates</b><br>All Routes  |              | ·           |                                  | ounty Sup<br>ber 1                | t To OPI<br>October 15                                  |                 | Rate Per Mile<br>\$1.57   |
| County Name   |              |             | County Number                    | District                          | Name  |                 | Legal Entity Number       |
| Missoula  |              |             | 32                               | Bonne                             | er Elementary   |                 | 0590                      |
| Route #   | Length of    | of Route (  | (miles per day)                  | Type of                           | f Service □ Bus Route Mi □ Non Bus Mile                 | _               | Rated Capacity            |
| 6   | 3.2          |             |                                  | Bus R                             | Coute Mileage   | age             | 72                        |
| Vehicle I.D. #  | Lic          | cense #     |                                  | □ District Owned Contractor Owned |   |                 |                           |
| 7247  |              | 209         |                                  | □ Contra                          | ct - If so, Name of Owner cted rate per mile            |                 | <del></del>               |
| Reimbursement Distribution- En  | iter the le  | gal entity  |                                  | e of state/co<br>atch budget      |   | aid to each dis | strict. Note: Percentages |
| Legal Entity<br>0590  | Le           | egal Entity |                                  | Legal E                           |   | Legal Entit     | у                         |
| % 100.00  |              | %           |                                  | %                                 |   | %               |                           |
| PASSENGER INFORMATION   |              | ,,          |                                  |                                   |   |                 |                           |
| Number of Preschool/Kindergard riding this route  | ten pupils   | 5           | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                               | HIGH SCHOOL R<br>(Grades 9-12                           |                 | TOTAL<br>ELIGIBLE RIDERS  |
|   |              |             | а                                |                                   | b<br>NUMBER   |                 | C                         |
| Regular (include eligible Preschool/k   | Kindergarte  | en          | NUMBER                           |                                   | NOWBER  |                 | a + b                     |
| riders) 1st Wheelchair (WC)   |              |             |                                  |                                   |   |                 |                           |
| 2nd Wheelchair (WC)   |              |             |                                  |                                   |   |                 |                           |
| Additional Wheelchairs (WC)   |              |             |                                  |                                   |   |                 |                           |
| Non-WC IEP Lists Trans as Related Service   |              |             |                                  |                                   |   |                 |                           |
| TOTAL ELIGIBLE RIDERS   |              |             |                                  |                                   |   |                 |                           |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)  |              |             |                                  |                                   |   |                 |                           |
| agreement) (Include ineligible Preschool/Kinderg  | arten riders | rs)         |                                  |                                   |   |                 |                           |
| Nonpublic School Riders (ineligible)  |              |             |                                  |                                   |   |                 |                           |
| TOTAL RIDERS  |              |             |                                  |                                   |   |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |              |             |                                  |                                   |   |                 |                           |
| This Application for Registration   | of Schoo     | ol Bus and  | d State Reimbursement            |                                   | accordance with Section eviewed and I certify that this |                 |                           |
| area assigned to it by the Count<br>Signature - Chair, County Transporta  |              |             | ommittee.                        |                                   |   | Date            |                           |
|   |              |             |                                  |                                   |   | ĺ               |                           |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

copy School Distr

| This form is required in accorda receives state reimbursement e  |  |  |   |   | complete one form fo   | r each bus route that             |  |  |
|--|--|--|---|---|--|-----------------------------------|--|--|
|  | •  |  |   |   | <b>.</b> .   | Rate Per Mile                     |  |  |
| Due Date<br>All Routes   |  |  | To County Supt October 1  |   |  | \$0.95                            |  |  |
| County Name  |  | County Number  | nber District Name  |   |  | Legal Entity Number               |  |  |
| Missoula   |  | 32   | Bonne   | er Elementary   |  | 0590                              |  |  |
| Route #  | Length of Rout   | te (miles per day)   |   | Service   Bus   | Route Mileage  | Rated Capacity                    |  |  |
| 13   | 1.6  |  | Bus R   | ⊔ Non<br>Noute Mileage  | Bus Mileage  | 10                                |  |  |
| Vehicle I.D. # License #   |  |  |   | Owned   | Contracto  |                                   |  |  |
| 8114   | T518   |  |   | ct - If so, Name of<br>cted rate per mile   | Owner L & B Bus  | sing, Inc                         |  |  |
| Reimbursement Distribution- Er   | nter the legal ent   |  | of state/co   |   | ent to be paid to each   | district. Note: Percentages       |  |  |
| Legal Entity   | Legal En   |  | Legal E   |   | Legal E  | intity                            |  |  |
| 0590   |  |  |   |   |  |                                   |  |  |
| % 100.00   | %  |  | %   |   | %  |                                   |  |  |
| PASSENGER INFORMATION  |  |  |   |   |  | _                                 |  |  |
| Number of Preschool/Kindergar  | ten pupils   | ELEMENTARY RIDE<br>(Grades PK-8)   | RS  |   | CHOOL RIDERS<br>ades 9-12)   | TOTAL<br>ELIGIBLE RIDERS          |  |  |
| riding this route  |  | ,  |   | ,   | ,  |                                   |  |  |
|  |  | a  |   |   | b  | C .                               |  |  |
| Regular (include eligible Preschool/   | Kindergarten   | NUMBER   |   | N   | IUMBER   | a + b                             |  |  |
| riders) 1st Wheelchair (WC)  |  |  |   |   |  |                                   |  |  |
| 2nd Wheelchair (WC)  |  |  |   |   |  |                                   |  |  |
| Additional Wheelchairs (WC)  |  |  |   |   |  |                                   |  |  |
| Non-WC IEP Lists Trans as Related  | l Service  |  |   |   |  |                                   |  |  |
| TOTAL ELIGIBLE RIDERS  |  |  |   |   |  |                                   |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)   |  |  |   |   |  |                                   |  |  |
| agreement) (Include ineligible Preschool/Kinderg   |  |  |   |   |  |                                   |  |  |
| Nonpublic School Riders (ineligible)   |  |  |   |   |  |                                   |  |  |
| TOTAL RIDERS   |  |  |   |   |  |                                   |  |  |
| We hereby certify that this bus w  | ill operate entirely   | on the route established by the  | Poard of Tru  | etoos and within the  | transportation area ass  | igned and approved by the         |  |  |
| County Transportation Committee.<br>We agree to supervision of this be<br>required; to provide a vehicle which<br>Superintendent; and to provide a lice                                      | We further certify to<br>bus and bus route bus<br>meets the minimur<br>ensed, qualified an | hat this bus transports pupils e<br>by the State Superintendent; to<br>in standards as established by<br>d approved driver to operate si | ligible for sch<br>make such r<br>the Board of<br>uch vehicle a | nool transportation as<br>eports to the State S<br>Public Education, the<br>is required by 20-10- | s defined by 20-10-101,<br>uperintendent and Cour<br>e Montana Highway Pat | MCA.<br>nty Superintendent as are |  |  |
| We also agree to refrain from sol<br>We understand that violations of<br>this bus route.   |  |  |   |   | se for withholding of stat   | te and county reimbursement for   |  |  |
| We agree that if this route crosses the school boards of both districts sl We understand route changes or  | hall be attached to  | the county superintendent's co   | py of this do   | cument.   |  |                                   |  |  |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |  |  |   |   |  |                                   |  |  |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date             |  |  |   |   |  |                                   |  |  |
|  |  |  |   |   |  |                                   |  |  |
| County This Application for Registration area assigned to it by the Coun   | n of School Bus a  |  |   |   |  |                                   |  |  |
| Signature - Chair, County Transport  |  |  |   |   | Date   |                                   |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ev   | nce with Tit                    | tle 20, C | Chapter 10, Part 1, MCA<br>ortees of another legal e | . School di            | strict official must complete tilize the services.     | one form for e            | ach bus route that       |  |
|---|---------------------------------|-----------|--|------------------------|--|---------------------------|--------------------------|--|
| <b>Due Dates</b><br>All Routes  | •                               |           | ounty Sup<br>ber 1                                   | t To OPI<br>October 15 |  | Rate Per Mile<br>\$0.95   |                          |  |
| County Name   |                                 |           | County Number  | District               | Name   |                           | Legal Entity Number      |  |
| Missoula  | 32                              |           |  | Bonne                  | er Elementary  |                           | 0590                     |  |
| Route #   | Length of Route (miles per day) |           |  | Type of                | f Service   Bus Route M  Non Bus Mile                  | -                         | Rated Capacity           |  |
| 14 1.6  |                                 |           |  | Bus F                  | Route Mileage  | say <del>c</del>          | 10                       |  |
| Vehicle I.D. # License #  |                                 |           |  | □ Distric              |  | Contractor (              |                          |  |
| 8114  | T51                             |           |  | □ Contra               | ct - If so, Name of Owner cted rate per mile           |                           | <del></del>              |  |
| Reimbursement Distribution- Ent   | al entity                       |           | of state/co  |                        | oaid to each dis                                       | strict. Note: Percentages |                          |  |
| Legal Entity Legal Entity 0590  |                                 |           |  | Legal E                |  | Legal Entit               | У                        |  |
| % 100.00  | %                               |           | %  |                        | %  |                           |                          |  |
| PASSENGER INFORMATION   |                                 |           |  |                        |  |                           |                          |  |
| Number of Preschool/Kindergarteriding this route  | en pupils                       |           | ELEMENTARY RIDE<br>(Grades PK-8)                     | ERS                    | HIGH SCHOOL R<br>(Grades 9-12                          |                           | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                                 |           | а  |                        | b<br>NUMBER  |                           | C                        |  |
| Regular (include eligible Preschool/K   | indergarten                     |           | NUMBER   |                        | NUMBER   |                           | a + b                    |  |
| riders) 1st Wheelchair (WC)   |                                 |           |  |                        |  |                           |                          |  |
| 2nd Wheelchair (WC)   |                                 |           |  |                        |  |                           |                          |  |
| Additional Wheelchairs (WC)   |                                 |           |  |                        |  |                           |                          |  |
| Non-WC IEP Lists Trans as Related   | Service                         |           |  |                        |  |                           |                          |  |
| TOTAL ELIGIBLE RIDERS   |                                 |           |  |                        |  |                           |                          |  |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda   |                                 |           |  |                        |  |                           |                          |  |
| agreement) (Include ineligible Preschool/Kinderganner) Nonpublic School Riders (ineligible)   | arten riders)                   | )         |  |                        |  |                           |                          |  |
| TOTAL RIDERS  |                                 |           |  |                        |  |                           |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                                 |           |  |                        |  |                           |                          |  |
| County To<br>This Application for Registration<br>area assigned to it by the County   | of School                       | Bus and   | d State Reimbursement                                |                        | accordance with Section eviewed and I certify that the |                           |                          |  |
| Signature - Chair, County Transporta  |                                 |           |  |                        |  | Date                      |                          |  |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.   |   |  |   |   |  |  | rm for ea             | ch bus route that          |
|--|---|--|---|---|--|--|-----------------------|----------------------------|
|  |   | ansportees of another  | •   |   |  |  | F                     | Rate Per Mile              |
| <b>Due Dates</b><br>All Routes   |   |  | To Cou<br>Octobe                          | inty Supt<br>er 1                         |  | <b>OPI</b><br>ober 15  | \$                    | 31.57                      |
| County Name  |   | County Number  | r   | District                                  | Name   |  |                       | Legal Entity Number        |
| Missoula   |   | 32   | 32 Bonner Elementary                      |   |  |  |                       | 0590                       |
| Route #  | Length of R   | oute (miles per day)   |   |   | Service   Bu   | s Route Mileage  |                       | Rated Capacity             |
| 2  | 3.7   |  |   | Bus R                                     | oute Mileage   | n Bus Mileage  |                       | 71                         |
| Vehicle I.D. #   | Licens  | se #   |   | District                                  | Owned  |  | actor O               |                            |
| 1846   | T86   |  |   |   | ct - If so, Name o   | of Owner L&B   | B Busing              | g, Inc<br>—                |
| Reimbursement Distribution- En   | ter the legal                                       |  | centage o                                 |   |  | ent to be paid to  | each dist             | rict. Note: Percentages    |
| Legal Entity   | Legal   | Entity   | nust matt                                 | Legal E                                   |  | Le   | gal Entity            | ,                          |
| 0590   |   |  |   |   |  |  |                       |                            |
| % 100.00   | %   |  |   | %   |  |  | %                     |                            |
| PASSENGER INFORMATION  |   | EL EMENTA D  | V DIDED                                   | 0   | HIGH C   | CHOOL DIDEBO   | `                     | TOTAL                      |
| Number of Preschool/Kindergar  | ten pupils  | ELEMENTAR`<br>(Grades I  |   | 5   |  | CHOOL RIDERS<br>rades 9-12)                                    | •                     | ELIGIBLE RIDERS            |
| riding this route  |   |  |   |   |  |  |                       |                            |
|  |   | a<br>NUMB  | ED  |   |  | b<br>NUMBER  |                       | с<br>а + b                 |
| Regular (include eligible Preschool/K  | Kindergarten  | NOWID  | LIX                                       |   |  | NOMBER   |                       | a · b                      |
| riders) 1st Wheelchair (WC)  |   |  |   |   |  |  |                       |                            |
| 2nd Wheelchair (WC)  |   |  |   |   |  |  |                       |                            |
| Additional Wheelchairs (WC)  |   |  |   |   |  |  |                       |                            |
| Non-WC IEP Lists Trans as Related  | Service   |  |   |   |  |  |                       |                            |
| TOTAL ELIGIBLE RIDERS  |   |  |   |   |  |  |                       |                            |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attenda   |   |  |   |   |  |  |                       |                            |
| agreement) (Include ineligible Preschool/Kinderg   |   |  |   |   |  |  |                       |                            |
| Nonpublic School Riders (ineligible)   | ,   |  |   |   |  |  |                       |                            |
| TOTAL RIDERS   |   |  |   |   |  |  |                       |                            |
| We hereby certify that this bus wi   | Il operate entire                                   | ely on the route establishe  | ed by the B                               | oard of Tru                               | l<br>stees and within th   | e transportation are   | ea assigned           | d and approved by the      |
| County Transportation Committee. \ We agree to supervision of this bi required; to provide a vehicle which i   | We further cert<br>us and bus rou<br>meets the mini | ify that this bus transports<br>te by the State Superinter<br>mum standards as establi | pupils elig<br>ndent; to m<br>shed by the | ible for sch<br>ake such ro<br>e Board of | ool transportation a<br>eports to the State<br>Public Education, t | as defined by 20-10<br>Superintendent and<br>he Montana Highwa | -101, MCA<br>County S | uperintendent as are       |
| Superintendent; and to provide a lice<br>We also agree to refrain from soli<br>We understand that violations of the  | citing or causir                                    | ng others to solicit students  | s from othe                               | er transport                              | ation areas.   |  | of state an           | d county reimbursement for |
| this bus route.  We agree that if this route crosse  |   |  |   |   | , ,,   | eement between Bo  | ards, 20-1            | 0-126(2) MCA, signed by    |
| the school boards of both districts sh<br>We understand route changes oc   |   |  |   |   |  | proval of the Count  | y Transpor            | rtation Committee in       |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |   |  |   |   |  |  |                       |                            |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date             |   |  |   |   |  |  |                       |                            |
|  |   |  |   |   |  |  |                       |                            |
| County T This Application for Registration area assigned to it by the Count  | of School Bu  |  |   |   |  |  |                       |                            |
| Signature - Chair, County Transporta   |   |  |   |   |  | Date   | )                     |                            |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |                 |                                 |                                    |                        |   |                             | one form for ea   | ach bus route that          |
|--|-----------------|---------------------------------|------------------------------------|------------------------|---|-----------------------------|-------------------|-----------------------------|
|  | •               | папор                           | •                                  |                        |   |                             |                   | Rate Per Mile               |
| <b>Due Date</b><br>All Routes  |                 |                                 | <b>To County Supt</b><br>October 1 |                        |   | <b>To OPI</b><br>October 15 |                   | \$1.57                      |
| County Name  |                 |                                 | County Number                      | District               | Name  |                             |                   | Legal Entity Number         |
| Missoula   |                 |                                 | 32                                 | Bonne                  | er Eleme  | entarv                      |                   | 0590                        |
| Route #  | Length of       | Length of Route (miles per day) |                                    |                        | Bonner Elementary  Type of Service □ Bus Route Mi |                             |                   | Rated Capacity              |
| 12   | 3.8             |                                 |                                    | Rus R                  | Route Mil   | ☐ Non Bus Milea             | age               | 72                          |
| Vehicle I.D. #   | L               | nse#                            |                                    | 1                      | Owned   |                             | Contractor C      |                             |
| 1738   | L19             | 1                               |                                    |                        | ct - If so, N<br>cted rate p                      | Name of Owner Loer mile     | . & B Busin       | g, Inc<br>                  |
| Reimbursement Distribution- Er   | nter the lega   | l entity                        |                                    |                        |   | oursement to be pa          | aid to each dis   | trict. Note: Percentages    |
| Legal Entity   | Lega            | al Entity                       |                                    | atch budget<br>Legal E |   |                             | Legal Entit       | у                           |
| 0590   |                 |                                 |                                    |                        | •   |                             |                   |                             |
|  |                 |                                 |                                    |                        |   |                             |                   |                             |
| % 100.00  PASSENGER INFORMATION  | 9               | ó                               |                                    | %                      |   |                             | %                 |                             |
|  |                 |                                 | ELEMENTARY RIDE                    | ERS                    | F   | IIGH SCHOOL RI              |                   | TOTAL                       |
| Number of Preschool/Kindergar  | ten pupils      |                                 | (Grades PK-8)                      |                        |   | (Grades 9-12                | )                 | ELIGIBLE RIDERS             |
| I name and route   |                 |                                 |                                    |                        |   |                             |                   |                             |
|  |                 |                                 | a<br>NUMBER                        |                        |   | b<br>NUMBER                 |                   | c<br>a + b                  |
| Regular (include eligible Preschool/liriders)  | Kindergarten    |                                 |                                    |                        |   |                             |                   |                             |
| 1st Wheelchair (WC)  |                 |                                 |                                    |                        |   |                             |                   |                             |
| 2nd Wheelchair (WC)  |                 |                                 |                                    |                        |   |                             |                   |                             |
| Additional Wheelchairs (WC)  |                 |                                 |                                    |                        |   |                             |                   |                             |
| Non-WC IEP Lists Trans as Related  | Service         |                                 |                                    |                        |   |                             |                   |                             |
| TOTAL ELIGIBLE RIDERS  |                 |                                 |                                    |                        |   |                             |                   |                             |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)   |                 |                                 |                                    |                        |   |                             |                   |                             |
| agreement) (Include ineligible Preschool/Kinderg   |                 |                                 |                                    |                        |   |                             |                   |                             |
| Nonpublic School Riders (ineligible)   |                 |                                 |                                    |                        |   |                             |                   |                             |
| TOTAL RIDERS   |                 |                                 |                                    |                        |   |                             |                   |                             |
|  |                 |                                 |                                    |                        |   |                             |                   |                             |
| We hereby certify that this bus w County Transportation Committee.   | We further ce   | rtify that                      | t this bus transports pupils of    | eligible for sch       | nool transpo                                      | rtation as defined by       | 20-10-101, MC     | Α.                          |
| We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice  | meets the mir   | nimum s                         | standards as established by        | the Board of           | Public Educ                                       | cation, the Montana         |                   |                             |
| We also agree to refrain from sol We understand that violations of   | iciting or caus | ing othe                        | ers to solicit students from o     | ther transpor          | tation areas                                      |                             | olding of state a | nd county reimbursement for |
| this bus route.  We agree that if this route crosse  |                 | _                               |                                    |                        |   |                             | _                 | •                           |
| the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.  | hall be attache | ed to the                       | e county superintendent's co       | opy of this do         | cument.   | · ·                         |                   |                             |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                 |                                 |                                    |                        |   |                             |                   |                             |
| Signature - Chair, Board of Trustees   |                 | aru Will                        | mi the transportation se           | i vice alta a          | issigneu D  | y and County Hall           | Date              | ininttee.                   |
|  |                 |                                 |                                    |                        |   |                             |                   |                             |
| County This Application for Registration area assigned to it by the Coun   | of School E     | Bus and                         |                                    |                        |   |                             |                   |                             |
| Signature - Chair, County Transport  |                 |                                 | ommillee.                          |                        |   |                             | Date              |                             |
|  |                 |                                 |                                    |                        |   |                             |                   |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

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| This form is required in accordanc receives state reimbursement even  |                |                                  |                              |  | one form for ea | ach bus route that       |  |
|---|----------------|----------------------------------|------------------------------|--|-----------------|--------------------------|--|
| <b>Due Dates:</b><br>All Routes   | Ü              | To C                             | ounty Supr                   |  |                 | Rate Per Mile<br>\$1.57  |  |
| County Name   |                | County Number                    | District                     | Name   |                 | Legal Entity Number      |  |
| Missoula  | 1issoula 32    |                                  |                              | er Elementary  |                 | 0590                     |  |
| Route #   | ength of Rou   | te (miles per day)               |                              | Service   Bus Route Mi                                   | •               | Rated Capacity           |  |
| 11 4  | 1.3            |                                  | Bus R                        | □ Non Bus Mile<br>coute Mileage                          | age             | 72                       |  |
| Vehicle I.D. # License #  |                |                                  | □ District                   | Owned (  | Contractor C    |                          |  |
| 1744  | L183           |                                  |                              | ct - If so, Name of Owner   <br>cted rate per mile       | L & B Busin     | g, Inc<br>—              |  |
| Reimbursement Distribution- Enter   | r the legal en |                                  | e of state/co<br>atch budget |  | aid to each dis | trict. Note: Percentages |  |
| Legal Entity Legal Entity 0590  |                |                                  | Legal E                      |  | Legal Entity    | у                        |  |
| % 100.00  | %              |                                  | %                            |  | %               |                          |  |
| PASSENGER INFORMATION   |                |                                  | 70                           |  | 70              |                          |  |
| Number of Preschool/Kindergarter riding this route  | n pupils       | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                          | HIGH SCHOOL RI<br>(Grades 9-12                           |                 | TOTAL<br>ELIGIBLE RIDERS |  |
|   |                | а                                |                              | b<br>NUMBER  |                 | C                        |  |
| Regular (include eligible Preschool/Kine  | dergarten      | NUMBER                           |                              | NUMBER   |                 | a + b                    |  |
| riders) 1st Wheelchair (WC)   |                |                                  |                              |  |                 |                          |  |
| 2nd Wheelchair (WC)   |                |                                  |                              |  |                 |                          |  |
| Additional Wheelchairs (WC)   |                |                                  |                              |  |                 |                          |  |
| Non-WC IEP Lists Trans as Related Se  | ervice         |                                  |                              |  |                 |                          |  |
| TOTAL ELIGIBLE RIDERS   |                |                                  |                              |  |                 |                          |  |
| Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant agreement) (Include ineligible Preschool/Kindergart Nonpublic School Riders (ineligible)   | ce             |                                  |                              |  |                 |                          |  |
| TOTAL RIDERS  |                |                                  |                              |  |                 |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                |                                  |                              |  |                 |                          |  |
| This Application for Registration of  | f School Bus   | and State Reimbursement          |                              | accordance with Section acviewed and I certify that this |                 |                          |  |
| area assigned to it by the County Signature - Chair, County Transportation  |                | n Committee.                     |                              |  | Date            |                          |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |  |  |  |   | omplete one form for   | each bus route that            |  |
|--|--|--|--|---|--|--------------------------------|--|
|  | -  |  | , ,  |   |  | Rate Per Mile                  |  |
| <b>Due Date</b><br>All Routes  |  | To Co<br>Octol   | ounty Supt<br>per 1                            | t <b>To OF</b><br>Octob   |  | \$1.36                         |  |
| County Name  | County Name  |  |  | Name  |  | Legal Entity Number            |  |
| Missoula   |  | 32   | Bonne  | er Elementary   |  | 0590                           |  |
| Route #  | Length of Rout   | e (miles per day)  |  | Service   Bus   | Route Mileage  | Rated Capacity                 |  |
| 9  | 18.6   |  | Bus R  | □ Non<br>Noute Mileage  | Bus Mileage  | 66                             |  |
| Vehicle I.D. #   |  |  |  |   | Contractor   |                                |  |
| 0078   | L206   |  |  | ct - If so, Name of octed rate per mile _                                 | Owner L & B Busi   | ng, Inc                        |  |
| Reimbursement Distribution- Er   | nter the legal enti  |  | of state/co                                    |   | nt to be paid to each o  | listrict. Note: Percentages    |  |
| Legal Entity   | Legal En   |  | Legal E  |   | Legal En   | tity                           |  |
| 0590   |  |  |  |   |  |                                |  |
| % 100.00   | %  |  | %  |   | %  |                                |  |
| PASSENGER INFORMATION  | 70   |  | 70   |   | 70   |                                |  |
| Number of Preschool/Kindergar  | ten nunile   | ELEMENTARY RIDE<br>(Grades PK-8)   | RS   |   | HOOL RIDERS<br>Ides 9-12)  | TOTAL<br>ELIGIBLE RIDERS       |  |
| riding this route  | Terr pupils  | (Grades 1 K-0)   |  | (Ora  | 1463 9-12)   | LEIGIBLE RIBERS                |  |
|  |  | a  |  |   | b  | С                              |  |
| Regular (include eligible Preschool/l  | Cindergarten   | NUMBER   |  | NU  | JMBER  | a + b                          |  |
| riders)  | Mildergarteri  |  |  |   |  |                                |  |
| 1st Wheelchair (WC)  |  |  |  |   |  |                                |  |
| 2nd Wheelchair (WC)  |  |  |  |   |  |                                |  |
| Additional Wheelchairs (WC)  |  |  |  |   |  |                                |  |
| Non-WC IEP Lists Trans as Related  | Service  |  |  |   |  |                                |  |
| TOTAL ELIGIBLE RIDERS  |  |  |  |   |  |                                |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |  |  |  |   |  |                                |  |
| agreement) (Include ineligible Preschool/Kindero   | garten riders)   |  |  |   |  |                                |  |
| Nonpublic School Riders (ineligible)   |  |  |  |   |  |                                |  |
| TOTAL RIDERS   |  |  |  |   |  |                                |  |
| We hereby certify that this bus w  | ill operate entirely o                                       | on the route established by the  | Board of Tru                                   | I<br>stees and within the t   | transportation area assig  | ned and approved by the        |  |
| County Transportation Committee.  We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice   | We further certify the us and bus route by meets the minimun | nat this bus transports pupils el<br>y the State Superintendent; to<br>n standards as established by | ligible for sch<br>make such r<br>the Board of | nool transportation as<br>eports to the State Su<br>Public Education, the | defined by 20-10-101, M<br>perintendent and Count<br>Montana Highway Patro | CA.<br>y Superintendent as are |  |
| We also agree to refrain from sol<br>We understand that violations of  | iciting or causing of  | thers to solicit students from ot  | her transpor                                   | tation areas.   |  | and county reimbursement for   |  |
| this bus route.  We agree that if this route crosse  |  |  |  |   | ment between Boards, 2   | 0-10-126(2) MCA, signed by     |  |
| the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.  |  |  |  |   | oval of the County Trans   | portation Committee in         |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |  |  |  |   |  |                                |  |
| Signature - Chair, Board of Trustees  Date   |  |  |  |   |  |                                |  |
|  |  | -  |  |   |  |                                |  |
| This Application for Registration area assigned to it by the Country   | of School Bus a  |  |  |   |  |                                |  |
| Signature - Chair, County Transport  |  |  |  |   | Date   |                                |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordant receives state reimbursement ex  | nce with Title                     | 20, Chapter 10, Part 1, MC  | A. School dis                      | strict official must comple                                   | te one form for e                      | ach bus route that          |
|---|------------------------------------|---|------------------------------------|---|--|-----------------------------|
| Due Dates   |                                    |   |                                    |   |  | Rate Per Mile               |
| All Routes  |                                    |   | County Supt<br>tober 1             | t To OPI<br>October 15  |  | \$1.57                      |
| County Name   |                                    | County Number   | District                           | Name  |  | Legal Entity Number         |
| Missoula  |                                    | 32  | Bonne                              | er Elementary   |  | 0590                        |
| Route #   | Length of R                        | oute (miles per day)  |                                    | f Service   Bus Route   |  | Rated Capacity              |
| 3   | 10                                 |   | Bus R                              | □ Non Bus M<br>Route Mileage                                  | ileage                                 | 72                          |
| Vehicle I.D. #  | Licens                             | e #   | □ District                         |   | Contractor (                           | Owned                       |
| 7266  | L204                               |   |                                    | act - If so, Name of Owner acted rate per mile                | L & B Busin                            | g, Inc<br>                  |
| Reimbursement Distribution- En  | ter the legal of                   |   | ge of state/co<br>natch budget     |   | e paid to each dis                     | strict. Note: Percentages   |
| Legal Entity  | Legal                              | Entity  | Legal E                            |   | Legal Enti                             | ty                          |
| 0590  |                                    |   |                                    |   |  |                             |
| % 100.00  | %                                  |   | %                                  |   | %                                      |                             |
| PASSENGER INFORMATION   | ,,                                 |   |                                    |   |  |                             |
| Number of Preschool/Kindergart  | ten pupils                         | ELEMENTARY RID<br>(Grades PK-8)                                       |                                    | HIGH SCHOOL<br>(Grades 9-                                     |  | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   |                                    | (   |                                    | (   | ,                                      |                             |
|   |                                    | а   |                                    | b   |  | С                           |
| Regular (include eligible Preschool/K   | (indergarten                       | NUMBER  |                                    | NUMBE   | R                                      | a + b                       |
| riders) 1st Wheelchair (WC)   |                                    |   |                                    |   |  |                             |
| 2nd Wheelchair (WC)   |                                    |   |                                    |   |  |                             |
| Additional Wheelchairs (WC)   |                                    |   |                                    |   |  |                             |
| Non-WC IEP Lists Trans as Related   | Service                            |   |                                    |   |  |                             |
| TOTAL ELIGIBLE RIDERS   |                                    |   |                                    |   |  |                             |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda   |                                    |   |                                    |   |  |                             |
| agreement) (Include ineligible Preschool/Kinderg  |                                    |   |                                    |   |  |                             |
| Nonpublic School Riders (ineligible)  | arterrinders)                      |   |                                    |   |  |                             |
| TOTAL RIDERS  |                                    |   |                                    |   |  |                             |
| We hereby certify that this hus wil   | Il onerate entire                  | ely on the route established by the                                   | he Board of Tru                    | ustees and within the transpo                                 | rtation area assign                    | ed and approved by the      |
| We hereby certify that this bus will<br>County Transportation Committee. We agree to supervision of this but<br>required; to provide a vehicle which re | Ne further certi<br>us and bus rou | fy that this bus transports pupils<br>te by the State Superintendent; | eligible for sch<br>to make such r | nool transportation as defined reports to the State Superinte | l by 20-10-101, MC<br>ndent and County | A.<br>Superintendent as are |
| Superintendent; and to provide a lice<br>We also agree to refrain from soli<br>We understand that violations of t                                       | citing or causin                   | g others to solicit students from                                     | other transpor                     | tation areas.   |  | nd county reimbursement for |
| this bus route.  We agree that if this route crosses  | s district lines a                 | and transports students from out                                      | side the distric                   | et, a copy of the agreement be                                | etween Boards, 20-                     | 10-126(2) MCA, signed by    |
| the school boards of both districts sh<br>We understand route changes oc<br>accordance with 20-10-132, MCA.   |                                    |   |                                    |   | the County Transp                      | ortation Committee in       |
| I certify that this application for rubus operates on the route as ap   |                                    |   |                                    |   |  |                             |
| Signature - Chair, Board of Trustees  |                                    | a.o aanoportation o   |                                    | gg. ay me county 11   | Date                                   |                             |
|   |                                    |   |                                    |   | 20 /2 /22 72                           |                             |
| County T This Application for Registration area assigned to it by the Count   | of School Bu                       |   |                                    |   |  |                             |
| Signature - Chair, County Transporta  |                                    |   |                                    |   | Date                                   |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

2007 2011201 21011

| This form is required in accordant receives state reimbursement ev  |                             | ,                  |                                  |                            |                                    | plete one form for       |                            |
|---|-----------------------------|--------------------|----------------------------------|----------------------------|------------------------------------|--------------------------|----------------------------|
| <b>Due Dates</b><br>All Routes  | :                           |                    |                                  | ounty Sup                  | ot To OPI<br>October               | 15                       | Rate Per Mile<br>\$1.57    |
| County Name   |                             |                    | County Number                    | Distric                    | Name                               |                          | Legal Entity Number        |
| Missoula  |                             |                    | 32                               |                            | er Elementary                      |                          | 0590                       |
| Route #   | Length of F                 | Route (r           | niles per day)                   | Type o                     | of Service □ Bus Ro<br>□ Non Bu    | ute Mileage<br>s Mileage | Rated Capacity             |
| 1a  | 10.7                        |                    |                                  | Bus F                      | Route Mileage                      |                          | 71                         |
| Vehicle I.D. #  | Licen                       | se#                |                                  | □ Distric                  | t Owned<br>act - If so, Name of Ow | Contractor               |                            |
| 1846  | T86                         |                    |                                  | □ Contra                   | acted rate per mile                |                          |                            |
| Reimbursement Distribution- Ent   | ter the legal               | entity n           |                                  | e of state/c<br>atch budge |                                    | o be paid to each d      | istrict. Note: Percentages |
| Legal Entity<br>0590  | Lega                        | I Entity           |                                  | Legal I                    | Entity                             | Legal En                 | tity                       |
| % 100.00  |                             | %                  |                                  | %                          |                                    |                          |                            |
| PASSENGER INFORMATION   | _                           |                    |                                  |                            |                                    |                          |                            |
| Number of Preschool/Kindergarteriding this route  | en pupils                   |                    | ELEMENTARY RIDE<br>(Grades PK-8) | :RS                        | HIGH SCHC<br>(Grade                | s 9-12)                  | TOTAL<br>ELIGIBLE RIDERS   |
|   |                             |                    | a<br>NUMBER                      |                            | _                                  | BER                      | c<br>a+b                   |
| Regular (include eligible Preschool/Ki riders)  | indergarten                 |                    | NOMBLA                           |                            | NOW                                | IDLN                     | a + b                      |
| 1st Wheelchair (WC)   |                             |                    |                                  |                            |                                    |                          |                            |
| 2nd Wheelchair (WC)   |                             |                    |                                  |                            |                                    |                          |                            |
| Additional Wheelchairs (WC)   |                             |                    |                                  |                            |                                    |                          |                            |
| Non-WC IEP Lists Trans as Related S   | Service                     |                    |                                  |                            |                                    |                          |                            |
| TOTAL ELIGIBLE RIDERS   |                             |                    |                                  |                            |                                    |                          |                            |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)<br>(Include ineligible Preschool/Kinderga   | ance                        |                    |                                  |                            |                                    |                          |                            |
| Nonpublic School Riders (ineligible)  | arten nacio,                |                    |                                  |                            |                                    |                          |                            |
| TOTAL RIDERS  |                             |                    |                                  |                            |                                    |                          |                            |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                             |                    |                                  |                            |                                    |                          |                            |
| Signature - Chair, Board of Trustees  Date  |                             |                    |                                  |                            |                                    |                          |                            |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.   |                             |                    |                                  |                            |                                    |                          | 10.4                       |
| This Application for Registration area assigned to it by the County   | of School B<br>y Transporta | us and<br>ation Co | State Reimbursement              |                            |                                    | nat this bus operate     |                            |
| Signature - Chair, County Transporta  | tion Committe               | ee                 |                                  |                            |                                    | Date                     |                            |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.  | nce with T                                   | Title 20, C<br>gh transpo | Chapter 10, Part 1, MCA ortees of another legal e | . School di            | strict official must complete tilize the services.      | one form for ea          | ach bus route that       |
|---|--|---------------------------|---|------------------------|---|--------------------------|--------------------------|
| <b>Due Dates</b><br>All Routes  | ·  |                           | ounty Sup<br>ber 1                                | t To OPI<br>October 15 |   | Rate Per Mile<br>\$1.57  |                          |
| County Name   |  |                           | County Number                                     | District               | Name  |                          | Legal Entity Number      |
| Missoula  | la 32  |                           |   | Bonne                  | er Elementary   |                          | 0590                     |
| Route #   | Length of Route (miles per day)              |                           |   | Type of                | f Service □ Bus Route M<br>□ Non Bus Mile               | -                        | Rated Capacity           |
| 10  |  | Bus R                     | Route Mileage                                     | aye                    | 72  |                          |                          |
| Vehicle I.D. # License #  |  |                           |   | □ District             |   | Contractor C             |                          |
| 7247  |  | 209                       |   | □ Contra               | ct - If so, Name of Owner cted rate per mile            |                          |                          |
| Reimbursement Distribution- En  | gal entity                                   |                           | e of state/co<br>atch budget                      |                        | oaid to each dis  | trict. Note: Percentages |                          |
| Legal Entity Legal Entity 0590  |  |                           |   | Legal E                |   | Legal Entit              | У                        |
| % 100.00  |  | %                         |   | %                      |   | %                        |                          |
| PASSENGER INFORMATION   |  |                           |   |                        |   | 70                       |                          |
| Number of Preschool/Kindergart riding this route  | ten pupils                                   | 5                         | ELEMENTARY RIDE<br>(Grades PK-8)                  | ERS                    | HIGH SCHOOL R<br>(Grades 9-12                           |                          | TOTAL<br>ELIGIBLE RIDERS |
|   |  |                           | а   |                        | b<br>NUMBER   |                          | C                        |
|   | lar (include eligible Preschool/Kindergarten |                           |   |                        | NUIVIBER  |                          | a + b                    |
| riders) 1st Wheelchair (WC)   |  |                           |   |                        |   |                          |                          |
| 2nd Wheelchair (WC)   |  |                           |   |                        |   |                          |                          |
| Additional Wheelchairs (WC)   |  |                           |   |                        |   |                          |                          |
| Non-WC IEP Lists Trans as Related   | Service                                      |                           |   |                        |   |                          |                          |
| TOTAL ELIGIBLE RIDERS   |  |                           |   |                        |   |                          |                          |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda   |  |                           |   |                        |   |                          |                          |
| agreement) (Include ineligible Preschool/Kinderg  | arten riders                                 | rs)                       |   |                        |   |                          |                          |
| Nonpublic School Riders (ineligible)  |  |                           |   |                        |   |                          |                          |
| TOTAL RIDERS  |  |                           |   |                        |   |                          |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |  |                           |   |                        |   |                          |                          |
| _ , , , , , , , , , , , , , , , , , , ,   |  |                           |   |                        |   |                          |                          |
| This Application for Registration area assigned to it by the Count  | of School<br>y Transpo                       | ol Bus and<br>ortation C  | d State Reimbursement                             |                        | accordance with Section eviewed and I certify that this | s bus operates           |                          |
| Signature - Chair, County Transporta  | ation Comm                                   | ıııttee                   |   |                        |   | Date                     |                          |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| receives state reimbursement e  | ven though tra  | ansportees of another leg  | gal entity                         | y may uti             | lize the services.                            |            | ı               | Rate Per Mile            |
|---|-----------------|----------------------------|------------------------------------|-----------------------|---|------------|-----------------|--------------------------|
| <b>Due Date</b><br>All Routes   |                 |                            | <b>To County Supt</b><br>October 1 |                       |   | r 15       |                 | \$1.57                   |
| County Name   |                 | County Number              |                                    | District I            | Name  |            |                 | Legal Entity Number      |
| Missoula  |                 | 32                         |                                    | Ronne                 | r Elementary                                  |            |                 | 0590                     |
| Route #   | Length of R     | oute (miles per day)       |                                    |                       | Service   Bus Ro                              | oute Mile  |                 | Rated Capacity           |
| 1   | 8.9             |                            |                                    | Due D                 | □ Non Bu                                      | us Milea   | ge              | 71                       |
| Vehicle I.D. #  | Licens          | e #                        |                                    |                       | oute Mileage                                  | Co         | <br>ontractor C |                          |
| 1846  | T86             |                            |                                    | Contrac               | ct - If so, Name of Ove<br>cted rate per mile |            |                 |                          |
| Reimbursement Distribution- Er  | nter the legal  |                            |                                    |                       |   | to be pai  | d to each dis   | rict. Note: Percentages  |
| Legal Entity<br>0590  | Legal           |                            |                                    | n budget!<br>Legal Er |   |            | Legal Entity    |                          |
| % 100.00  | %               |                            |                                    | %                     |   |            | %               |                          |
| PASSENGER INFORMATION   |                 |                            |                                    |                       |   |            |                 | _                        |
| Number of Preschool/Kindergar riding this route   | ten pupils      | ELEMENTARY F<br>(Grades PK |                                    |                       | <b>,</b>                                      | es 9-12)   | ERS             | TOTAL<br>ELIGIBLE RIDERS |
|   |                 | a<br>NUMBER                | ₹                                  |                       |   | b<br>∕IBER |                 | c<br>a + b               |
| Regular (include eligible Preschool/liriders)   | Kindergarten    |                            |                                    |                       |   |            |                 |                          |
| 1st Wheelchair (WC)   |                 |                            |                                    |                       |   |            |                 |                          |
| 2nd Wheelchair (WC)   |                 |                            |                                    |                       |   |            |                 |                          |
| Additional Wheelchairs (WC)   |                 |                            |                                    |                       |   |            |                 |                          |
| Non-WC IEP Lists Trans as Related   | Service         |                            |                                    |                       |   |            |                 |                          |
| TOTAL ELIGIBLE RIDERS   |                 |                            |                                    |                       |   |            |                 |                          |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)  |                 |                            |                                    |                       |   |            |                 |                          |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | garten riders)  |                            |                                    |                       |   |            |                 |                          |
| TOTAL RIDERS  |                 |                            |                                    |                       |   |            |                 |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                 |                            |                                    |                       |   |            |                 |                          |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |                 |                            |                                    |                       |   |            |                 |                          |
| Signature - Chair, Board of Trustees  Date  |                 |                            |                                    |                       |   |            |                 |                          |
| County 1  | Fransportation  | n Committee Approval       | as regu                            | uired in a            | accordance with Se                            | ection 20  | )-10-132. MC    | <b>A</b> .               |
| This Application for Registration area assigned to it by the Count  | of School Bu    | s and State Reimbursem     |                                    |                       |   |            |                 |                          |
| Signature - Chair, County Transport   | ation Committee | ·                          |                                    |                       |   |            | Date            |                          |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement e  |  |            |                                   |                   |                                |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |
|---|--|------------|-----------------------------------|-------------------|--------------------------------|-------------------------------|--|--------------------------|
| Due Dates   | s:   |            | To Co                             | ounty Supt        |                                | То ОРІ                        |  | Rate Per Mile            |
| All Routes  |  |            | Octob                             | per 1             |                                | October 15                    |  | \$1.57                   |
| County Name   |  |            | County Number                     | District Name     |                                |                               |  | Legal Entity Number      |
| Missoula  |  |            | 32                                | Bonner Elementary |                                |                               |  | 0590                     |
| Route #   | Length o   | f Route    | (miles per day)                   | Type of           |                                | □ Bus Route Mil               |  | Rated Capacity           |
| 8   | 9.1  |            |                                   | Bus R             | oute Mile                      | □ Non Bus Milea<br>age        | age                                    | 71                       |
| Vehicle I.D. #  | Lice   | ense #     |                                   | □ District        |                                |                               | Contractor C                           |                          |
| 1846  | T8   | 6          |                                   |                   | ct - If so, Na<br>cted rate pe | me of Owner L<br>r mile       | . & B Busin                            | g, Inc<br>               |
| Reimbursement Distribution- En  | iter the leg   | al entity  |                                   | of state/cou      |                                | rsement to be pa              | aid to each dis                        | trict. Note: Percentages |
| Legal Entity  | Leç  | gal Entity |                                   | Legal Er          |                                |                               | Legal Entit                            | у                        |
| 0590  |  |            |                                   |                   |                                |                               |  |                          |
| % 100.00  |  | %          |                                   | %                 |                                |                               | %                                      |                          |
| PASSENGER INFORMATION   |  |            |                                   |                   |                                |                               | DED 0                                  | T0.T11                   |
| Number of Preschool/Kindergar riding this route   | ten pupils   |            | ELEMENTARY RIDEI<br>(Grades PK-8) | 3                 | HIG                            | GH SCHOOL RI<br>(Grades 9-12) |  | TOTAL<br>ELIGIBLE RIDERS |
|   |  |            | a<br>NUMBER                       |                   |                                | b<br>NUMBER                   |  | c<br>a + b               |
| Regular (include eligible Preschool/k   |  | 1          | NOWBER                            |                   |                                | NOWIBER                       |  | аты                      |
| 1st Wheelchair (WC)   |  |            |                                   |                   |                                |                               |  |                          |
| 2nd Wheelchair (WC)   |  |            |                                   |                   |                                |                               |  |                          |
| Additional Wheelchairs (WC)   |  |            |                                   |                   |                                |                               |  |                          |
| Non-WC IEP Lists Trans as Related   | Service  |            |                                   |                   |                                |                               |  |                          |
| TOTAL ELIGIBLE RIDERS   |  |            |                                   |                   |                                |                               |  |                          |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)  |  |            |                                   |                   |                                |                               |  |                          |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | arten riders   | 5)         |                                   |                   |                                |                               |  |                          |
| , ,   |  |            |                                   |                   |                                |                               |  |                          |
| TOTAL RIDERS  |  |            |                                   |                   |                                |                               |  |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |  |            |                                   |                   |                                |                               |  |                          |
|   | I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |            |                                   |                   |                                |                               |  |                          |
| Signature - Chair, Board of Trustees  Date  |  |            |                                   |                   |                                |                               |  |                          |
| County 1 This Application for Registration area assigned to it by the Count   | of School  | Bus and    |                                   |                   |                                |                               |  |                          |
| Signature - Chair, County Transporta  |  |            |                                   |                   |                                |                               | Date                                   |                          |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| Due Dates: All Routes  To Country Number October 1  To Country Supt October 15  S1.57  Country Name  Country Number District Name  Legal Entity Number District Name Distr | receives state reimbursement even though transportees of another legal entity may utilize the service   |                  |                         |            |      | ·             | -              | Data Dan Mila           |
|--|---|------------------|-------------------------|------------|------|---------------|----------------|-------------------------|
| Missoula  Route # Length of Route (miles per day)  128  Bus Route Mileage    No Bus Mileage   Rated Capacity   Rated Capacity |   |                  |                         |            |      |               |                |                         |
| Route # Length of Route (miles per day) 128  BUS ROUTE Mileage 3947  9657  Contractor Owned 3947  Reimbursement Distribution-Enter the legal entity number and percentage of state/country reimbursement to be paid to each district. Note: Percentages must match budget  Legal Entity 9691  Legal Entity 9691  Legal Entity 9691  Legal Entity 9691  Signou.00  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (notude religible Preschool/Kindergarten noters)  Regular (notude religible Preschool/Kindergarten noters)  NUMBER  Regular (notude religible Preschool/Kindergarten noters)  Number of Preschool/Kindergarten noters)  Number of Preschool/Kindergarten noters noter noters note noter noters noter noters noter noters noter noters noter noter noters noter noters noter noters noter noters note note noter noters note noter noters note note note note note note note note   | County Name   |                  | County Number           | District N | Name |               |                | Legal Entity Number     |
| Page      | Missoula  |                  |                         |            |      |               |                |                         |
| 128   Bus Route Mileage   71   | Route #   | Length of Ro     | ute (miles per day)     | Type of    |      |               | •              | Rated Capacity          |
| Vehicle ID. #   License #   District Owned   Contractor Owned   Gentractor I so, Name of Owner   Beach Transportation  | 1   | 128              |                         | Bus Ro     |      | i Bus Mileag  |                | 71                      |
| Reimbursement Distribution-Enter the legal entity number and percentage of statelection reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Septimized the process of the pro | Vehicle I.D. #  | License          | #                       |            |      |               |                |                         |
| Legal Entity 0.591 Set 100.00 9% 9% 9% 9% 9% 9% 9% PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades P.K.8)  Inclination of Preschool/Kindergarten pupils 0.591 Legal Entity 0.591 Lega | 3947  | 9657             |                         |            |      | Owner Be      | each Trans     | sportation<br>          |
| Legal Entity 0591  Legal Entity 0591  Legal Entity 0591  Legal Entity 0591  My 100.00  My 50  | Reimbursement Distribution- En  | iter the legal e |                         |            |      | nt to be paid | d to each dist | rict. Note: Percentages |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  NUMBER  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Additional Wheelchairs (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles CR nonresident and no attendance agreement) (include insligible Preschool/Kindergarten riders)  Nonryubic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation as defined by 20-10-101, MCA.  We also agree to refain from soliciting or causing others to solicit students from other transportation as defined by 20-10-101, MCA.  We also agree to refain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rulse or regulations governing school transportation areas of the sufficient cause for withholding of state and county reimbursement for this bus route.  We understand that violations of the laws, rulse or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We understand from that violations of the laws, rulse or regulations governing school transportation areas.  We understand from that violations of the laws, rulse or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We understand for that violations of the laws, rulse or regulations governing school transportation | Legal Entity  | Legal E          |                         |            |      |               | Legal Entity   | 1                       |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils inding this route  a NUMBER  Regular (include eligible Preschool/Kindergarten riders)  Tast Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We agree to supervision of this bus and bus route by the State Superintendent; on make such reports to the State Superintendent and county Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montrain Highway Patrol and the State Superintendent and County Superintendent and County Superintendent and to make such reports to the State Superintendent and County Superintendent and to make such reports to the State Superintendent and County Superintendent Superintendents County Superintendent Superintendents County Superintendent Superintendents C |   |                  | ,                       |            | ,    |               | ,              |                         |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils inding this route  a NUMBER  Regular (include eligible Preschool/Kindergarten riders)  Tast Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We agree to supervision of this bus and bus route by the State Superintendent; on make such reports to the State Superintendent and county Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montrain Highway Patrol and the State Superintendent and County Superintendent and County Superintendent and to make such reports to the State Superintendent and County Superintendent and to make such reports to the State Superintendent and County Superintendent Superintendents County Superintendent Superintendents County Superintendent Superintendents C | % 100.00  | 0/2              |                         | 0/2        |      |               | 0/2            |                         |
| Number of Preschool/Kindergarten pupils riding this route  |   | 70               |                         | 70         |      |               | 70             |                         |
| NUMBER NUMBER NUMBER  Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten iders)  Nonpublic School Riders (ineligible)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a lecinesed, qualified and approved driver to operate such vehicle as required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a lecinesed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a lecinesed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We agree to supervision of this bus and bus route by the State Superintendent and county superintendent in other transportation area.  We agree that if this route crosses district lines and transports students from other transportation area and the State superintendent and county are supported to present the superior of the State Superintendent and county superintendent and supposed to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area  | Number of Preschool/Kindergar   | ten pupils       |                         | ERS        |      |               | ERS            | _                       |
| Regular (include eligible Preschool/Kindergarten inders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement).  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement).  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement).  Ineligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; on the State Superintendent is a required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county sup |   |                  |                         |            | N    |               |                |                         |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We already that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee.  We already that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school  |   | Kindergarten     |                         |            |      |               |                |                         |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the milnimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be |   |                  |                         |            |      |               |                |                         |
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| TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 Ineligible Public School Riders (i.e., under 3 Ineligible Public School Riders (i.e., under 3 Ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (meligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or required in solicit surfaces and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20- | Additional Wheelchairs (WC)   |                  |                         |            |      |               |                |                         |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Dublic Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  County Transportatio | Non-WC IEP Lists Trans as Related   | Service          |                         |            |      |               |                |                         |
| miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (Ineligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refinant from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Co | TOTAL ELIGIBLE RIDERS   |                  |                         |            |      |               |                |                         |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by th | miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg   | ance             |                         |            |      |               |                |                         |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus o | Nonpublic School Riders (ineligible)  |                  |                         |            |      |               |                |                         |
| County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.                                      | TOTAL RIDERS  |                  |                         |            |      |               |                |                         |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   | County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                  |                         |            |      |               |                |                         |
| This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   |   |                  |                         |            |      |               |                |                         |
|  | This Application for Registration   | of School Bus    | and State Reimbursement |            |      |               |                |                         |
|  | ,   | , ,              | on Committee.           |            |      | 1             | Date           |                         |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement even   | with Title 20,      | Chapter 10, Part 1, MCA.  | School dis                    | strict official must comple                                     | te one form for e                    | ach bus route that          |
|---|---------------------|---|-------------------------------|---|--------------------------------------|-----------------------------|
|   | arough adnot        | _   |                               |   |                                      | Rate Per Mile               |
| <b>Due Dates:</b><br>All Routes   |                     | Octob   | unty Supt<br>er 1             | t <b>To OPI</b><br>October 15                                   |                                      | \$1.57                      |
| County Name   |                     | County Number   | District                      | Name  |                                      | Legal Entity Number         |
| Missoula  |                     | 32  | DeSm                          | et Elementary   |                                      | 0592                        |
|   | ength of Route      | (miles per day)   |                               | Service   Bus Route   |                                      | Rated Capacity              |
| 2 25  | 5                   |   | Bus R                         | □ Non Bus M<br>coute Mileage                                    | ileage                               | 71                          |
| Vehicle I.D. #  | License #           |   | □ District                    |   | Contractor (                         | Owned                       |
| 1434  | 1835                |   |                               | ct - If so, Name of Owner<br>cted rate per mile                 | Beach Tran                           | sportation                  |
| Reimbursement Distribution- Enter   | the legal entit     |   | of state/co                   |   | e paid to each dis                   | strict. Note: Percentages   |
| Legal Entity  | Legal Enti          |   | Legal E                       |   | Legal Enti                           | ty                          |
| 0592  |                     |   |                               |   |                                      |                             |
| % 100.00  | %                   |   | %                             |   | %                                    |                             |
| PASSENGER INFORMATION   | ,,                  |   |                               |   |                                      |                             |
| Number of Preschool/Kindergarten  | pupils              | ELEMENTARY RIDEF<br>(Grades PK-8)                                   | RS                            | HIGH SCHOOL<br>(Grades 9-                                       |                                      | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   | 7                   | (2.222)   |                               | (3.3333   | /                                    |                             |
|   |                     | a   |                               | b   |                                      | С                           |
| Regular (include eligible Preschool/Kinde   | ergarten            | NUMBER  |                               | NUMBE   | R                                    | a + b                       |
| riders) 1st Wheelchair (WC)   |                     |   |                               |   |                                      |                             |
| 2nd Wheelchair (WC)   |                     |   |                               |   |                                      |                             |
| Additional Wheelchairs (WC)   |                     |   |                               |   |                                      |                             |
| Non-WC IEP Lists Trans as Related Ser   | vice                |   |                               |   |                                      |                             |
| TOTAL ELIGIBLE RIDERS   |                     |   |                               |   |                                      |                             |
| Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance   |                     |   |                               |   |                                      |                             |
| agreement)  |                     |   |                               |   |                                      |                             |
| (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)  | ii iideis)          |   |                               |   |                                      |                             |
| TOTAL RIDERS  |                     |   |                               |   |                                      |                             |
| We harehy certify that this has will an   | arata antiroly ar   | the route established by the  | Doord of Tru                  | estage and within the transpo                                   | rtation area assign                  | and approved by the         |
| We hereby certify that this bus will op<br>County Transportation Committee. We f<br>We agree to supervision of this bus a       | urther certify than | at this bus transports pupils eli<br>the State Superintendent; to r | gible for sch<br>nake such re | nool transportation as defined<br>eports to the State Superinte | by 20-10-101, MC<br>ndent and County | A.<br>Superintendent as are |
| required; to provide a vehicle which mee<br>Superintendent; and to provide a license<br>We also agree to refrain from solicitin | d, qualified and    | approved driver to operate su                                       | ch vehicle a                  | s required by 20-10-103, MC                                     |                                      | and the State               |
| We understand that violations of the I this bus route.  | aws, rules or re    | gulations governing school tra                                      | nsportation v                 | will be sufficient cause for wi                                 | thholding of state a                 | nd county reimbursement for |
| We agree that if this route crosses dis<br>the school boards of both districts shall be   |                     |   |                               |   | etween Boards, 20-                   | 10-126(2) MCA, signed by    |
| We understand route changes occurr accordance with 20-10-132, MCA.  |                     |   |                               |   | the County Transp                    | ortation Committee in       |
| I certify that this application for regis<br>bus operates on the route as appro-  |                     |   |                               |   |                                      |                             |
| Signature - Chair, Board of Trustees  | . Ju Dj unu Wi      | a are a anoportation serv   |                               | esigned by the county II  | Date                                 |                             |
|   |                     |   |                               |   |                                      |                             |
| County Tran This Application for Registration of area assigned to it by the County Tr   | School Bus ar       |   |                               |   |                                      |                             |
| Signature - Chair, County Transportation  |                     |   |                               |   |                                      |                             |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in according receives state reimburseme  Due D  All Rot  | nt even though transates:   | sportees of another le   |   | ilize the services.   | ·<br>I   | Rate Per Mile<br>\$1.57  |
|--|---|--|---|---|--|--|
| County Name  |   | County Number  | District  | Name  |  | Legal Entity Number  |
| Missoula   |   | 32   | DeSm  | et Elementary   |  | 0592   |
| Route #  |   |  |   |   | Route Mileage  | Rated Capacity   |
| 1  | 68.8  |  | Rus R   | □ Non E oute Mileage  | Bus Mileage  | 71   |
| Vehicle I.D. #   | License #   | <b>‡</b>   | 1 '   | Owned   | Contracto  |  |
| 7998   | 1838  |  |   | ct - If so, Name of C<br>cted rate per mile _   | Owner Beach Tra  | ansportation   |
| Reimbursement Distribution   | - Enter the legal ent   |  | ntage of state/co   |   | t to be paid to each   | district. Note: Percentages  |
| Legal Entity   | Legal En  |  | Legal E   |   | Legal E  | ntity  |
| 0592   |   |  |   |   |  |  |
| % 100.00   | %   |  | %   |   | %  |  |
| PASSENGER INFORMATION  | N   | ELEMENTARY I   | DIDEDO  | HIGH CCI  | IOOL DIDEBO  | TOTAL  |
| Number of Preschool/Kinder riding this route   | rgarten pupils  | (Grades Pk   |   |   | IOOL RIDERS<br>des 9-12)   | TOTAL<br>ELIGIBLE RIDERS   |
|  |   | a<br>NUMBEF  | ₹   | NL  | b<br>IMBER   | c<br>a + b   |
| Regular (include eligible Presch riders)  1st Wheelchair (WC)  | ool/Kindergarten  |  |   |   |  |  |
| 2nd Wheelchair (WC)  |   |  |   |   |  |  |
| Additional Wheelchairs (WC)  |   |  |   |   |  |  |
| Non-WC IEP Lists Trans as Rela   | ated Service  |  |   |   |  |  |
| TOTAL ELIGIBLE RIDERS  |   |  |   |   |  |  |
| Ineligible Public School Riders (<br>miles OR nonresident and no at<br>agreement)<br>(Include ineligible Preschool/Kin<br>Nonpublic School Riders (ineligi | tendance<br>dergarten riders)   |  |   |   |  |  |
| TOTAL RIDERS   |   |  |   |   |  |  |
| this bus route.  | ee. We further certify this bus and bus route this bus and bus route this bus and bus route the inch meets the minimulal licensed, qualified and soliciting or causing of the laws, rules or posses district lines and the shall be attached to be occurring during the | hat this bus transports purely the State Superintender standards as established approved driver to operathers to solicit students fregulations governing schot transports students from the county superintender | upils eligible for schent; to make such red by the Board of rate such vehicle a from other transport anool transportation to outside the district nt's copy of this doc | ool transportation as of eports to the State Sup Public Education, the sequired by 20-10-10 ration areas. will be sufficient cause a copy of the agreen cument. | defined by 20-10-101, Noerintendent and Coun Montana Highway Patr 03, MCA.  for withholding of statement between Boards, 2 | MCA. ty Superintendent as are rol and the State e and county reimbursement for 20-10-126(2) MCA, signed by |
| I certify that this application bus operates on the route as   | for registration of so<br>s approved by and v   |  |   |   |  |  |
| Signature - Chair, Board of Trus   | tees  |  |   |   | Date   |  |
| Coun This Application for Registra area assigned to it by the Co   | tion of School Bus  |  |   |   |  |  |
| Signature - Chair, County Trans  |   |  |   |   | Date   |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance   | ce with Title 2   | 20. Chapter 10. Part 1. MC/     | A. School di                   | strict official must complete                     | one form for ea    | ach bus route that          |
|---|-------------------|---------------------------------|--------------------------------|---|--------------------|-----------------------------|
| receives state reimbursement eve  |                   |                                 |                                |   |                    |                             |
| Due Dates:  |                   | То                              | County Sup                     | t To OPI  | I                  | Rate Per Mile               |
| All Routes  |                   | Oct                             | ober 1                         | October 15  | \$                 | \$0.95                      |
| County Name   |                   | County Number                   | District                       | Name  |                    | Legal Entity Number         |
| Missoula  |                   | 32                              | Targe                          | t Range Elementary                                |                    | 0593                        |
| Route #   | Length of Ro      | ute (miles per day)             | Type of                        | f Service ☐ Bus Route Mil<br>☐ Non Bus Milea      |                    | Rated Capacity              |
| 3t-50A  | 52                |                                 | Bus R                          | doute Mileage                                     | age                | 48                          |
| Vehicle I.D. #  | License           | #                               | □ District                     |   | Contractor C       |                             |
| 0467  | 1847              |                                 |                                | ct - If so, Name of Owner E<br>cted rate per mile | Beach Trans        | sportation<br>—             |
| Reimbursement Distribution- Enter   | er the legal ei   |                                 | je of state/co<br>natch budget |   | aid to each dis    | trict. Note: Percentages    |
| Legal Entity  | Legal E           |                                 | Legal E                        |   | Legal Entity       | y                           |
| 0593  |                   |                                 |                                |   |                    |                             |
| % 100.00  | %                 |                                 | %                              |   | %                  |                             |
| PASSENGER INFORMATION   | ,,                |                                 |                                |   |                    |                             |
| Number of Preschool/Kindergarte   | en pupils         | ELEMENTARY RID<br>(Grades PK-8) | ERS                            | HIGH SCHOOL RI<br>(Grades 9-12                    |                    | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route   |                   | (=:====::;                      |                                | (0.0000   | ,                  |                             |
|   |                   | a                               |                                | b   |                    | C .                         |
| Regular (include eligible Preschool/Kir   | ndergarten        | NUMBER                          |                                | NUMBER  |                    | a + b                       |
| riders) 1st Wheelchair (WC)   |                   |                                 |                                |   |                    |                             |
| 2nd Wheelchair (WC)   |                   |                                 |                                |   |                    |                             |
| Additional Wheelchairs (WC)   |                   |                                 |                                |   |                    |                             |
| Non-WC IEP Lists Trans as Related S   | Service           |                                 |                                |   |                    |                             |
| TOTAL ELIGIBLE RIDERS   | 7011100           |                                 |                                |   |                    |                             |
|   |                   |                                 |                                |   |                    |                             |
| Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar                                    |                   |                                 |                                |   |                    |                             |
| agreement) (Include ineligible Preschool/Kinderga   | rten riders)      |                                 |                                |   |                    |                             |
| Nonpublic School Riders (ineligible)  |                   |                                 |                                |   |                    |                             |
| TOTAL RIDERS  |                   |                                 |                                |   |                    |                             |
| We hereby certify that this bus will<br>County Transportation Committee. W<br>We agree to supervision of this bus | e further certify | that this bus transports pupils | eligible for sch               | nool transportation as defined by                 | 20-10-101, MCA     | A                           |
| required; to provide a vehicle which m<br>Superintendent; and to provide a licen                                  | eets the minim    | um standards as established b   | y the Board of                 | Public Education, the Montana                     |                    |                             |
| We also agree to refrain from solici We understand that violations of th  | iting or causing  | others to solicit students from | other transpor                 | tation areas.                                     | olding of state an | ad county raimbursoment for |
| this bus route.   |                   |                                 | ·                              |   | · ·                | •                           |
| We agree that if this route crosses the school boards of both districts sha                                       | II be attached t  | o the county superintendent's o | copy of this do                | cument.   |                    |                             |
| We understand route changes occuraccordance with 20-10-132, MCA.  |                   | , , ,                           |                                |   | , ,                |                             |
| I certify that this application for re bus operates on the route as app   |                   |                                 |                                |   |                    |                             |
| Signature - Chair, Board of Trustees  |                   | <u> </u>                        |                                | <u> </u>  | Date               |                             |
| County Tr   | anenortation      | Committee Approval as           | required in                    | accordance with Section 2                         | 00-10-132 MC       | Δ                           |
| This Application for Registration of area assigned to it by the County  | of School Bus     | and State Reimbursemen          |                                |   |                    |                             |
| Signature - Chair, County Transportati  |                   |                                 |                                |   | Date               |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

| receives state reimbursement e   | sportees of another legal e | ntity may uti                    | lize the services.       | •                  | ,                        | Data Dan Mila  |                          |
|--|-----------------------------|----------------------------------|--------------------------|--------------------|--------------------------|--|--------------------------|
| <b>Due Dates</b><br>All Routes   |                             |                                  | ounty Supt<br>ber 1      |                    | <b>DPI</b><br>ober 15    |  | Rate Per Mile<br>61.57   |
| County Name  |                             | County Number                    | District I               | Name               |                          |  | Legal Entity Number      |
| Missoula   |                             | 32                               |                          | t Range Elem       |                          |  | 0593                     |
| Route #  | Length of Rou               | te (miles per day)               | Type of                  |                    | Route Mile               |  | Rated Capacity           |
| 2t-50A   | 52                          |                                  | Bus R                    | oute Mileage       | n Bus Mileag             |  | 71                       |
| Vehicle I.D. #   | License                     | #                                | □ District               | Owned              |                          | ontractor O  |                          |
| 0568   | 1848                        |                                  |                          | ct - If so, Name o |                          | each Trans   | sportation               |
| Reimbursement Distribution- En   | ter the legal en            |                                  |                          |                    | ent to be pai            | d to each dist   | rict. Note: Percentages  |
| Legal Entity   | Legal Er                    |                                  | atch budget!<br>Legal Er |                    |                          | Legal Entity   | ,                        |
| 0593   |                             | ,                                | 9                        | ,                  |                          | g  |                          |
| % 100.00   | %                           |                                  | %                        |                    |                          | %  |                          |
| PASSENGER INFORMATION  | 70                          |                                  | 70                       |                    |                          | 70   |                          |
| Number of Preschool/Kindergar riding this route  | ten pupils                  | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                      |                    | CHOOL RID<br>rades 9-12) | ERS  | TOTAL<br>ELIGIBLE RIDERS |
|  |                             | a<br>NUMBER                      |                          | 1                  | b<br>NUMBER              |  | c<br>a+b                 |
| Regular (include eligible Preschool/hriders)   | Kindergarten                | -                                |                          |                    | -                        |  |                          |
| 1st Wheelchair (WC)  |                             |                                  |                          |                    |                          |  |                          |
| 2nd Wheelchair (WC)  |                             |                                  |                          |                    |                          |  |                          |
| Additional Wheelchairs (WC)  |                             |                                  |                          |                    |                          |  |                          |
| Non-WC IEP Lists Trans as Related  | Service                     |                                  |                          |                    |                          |  |                          |
| TOTAL ELIGIBLE RIDERS  |                             |                                  |                          |                    |                          |  |                          |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg   | ance                        |                                  |                          |                    |                          |  |                          |
| Nonpublic School Riders (ineligible)   |                             |                                  |                          |                    |                          |  |                          |
| TOTAL RIDERS   |                             |                                  |                          |                    |                          |  |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimburseme this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                             |                                  |                          |                    |                          | d county reimbursement for 0-126(2) MCA, signed by retation Committee in dge and belief, and the |                          |
| 0  |                             | Committee Assessed               |                          |                    | 04                       | 40 400 80  | ^                        |
| This Application for Registration  | of School Bus               |                                  |                          |                    |                          |  |                          |
| area assigned to it by the Count<br>Signature - Chair, County Transporta   | , ,                         | n Committee.                     |                          |                    |                          | Date   |                          |



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

### Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 Legal Entity Number County Name County Number District Name Missoula Target Range Elementary 0593 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 3t-50 50 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Beach Transportation 0467 1847 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0593 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the

bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance  | e with Title 20.     | Chapter 10. Part 1. MCA          | . School dis                 | strict official must complete                             | one form for ea    | ach bus route that          |
|--|----------------------|----------------------------------|------------------------------|---|--------------------|-----------------------------|
| receives state reimbursement ever  |                      |                                  |                              |   |                    | Rate Per Mile               |
| Due Dates:   |                      |                                  | ounty Sup                    |   |                    |                             |
| All Routes   |                      |                                  | ber 1                        | October 15  | <u> </u>           | \$1.57                      |
| County Name  |                      | County Number                    | District                     | Name  |                    | Legal Entity Number         |
| Missoula   |                      | 32                               | Targe                        | t Range Elementary  |                    | 0593                        |
| Route #  | ength of Route       | (miles per day)                  | Type of                      | Service   Bus Route Mi  Non Bus Mile                      |                    | Rated Capacity              |
| 2t-50 5  | 50                   |                                  | Bus R                        | oute Mileage  | aye                | 71                          |
| Vehicle I.D. #   | License #            |                                  | □ District                   |   | Contractor C       |                             |
| 0568   | 1848                 |                                  |                              | ct - If so, Name of Owner Ected rate per mile             | Beach Trans        | sportation<br>—             |
| Reimbursement Distribution- Enter  | the legal entity     |                                  | e of state/co<br>atch budget |   | aid to each dis    | trict. Note: Percentages    |
| Legal Entity   | Legal Entit          |                                  | Legal E                      |   | Legal Entity       | у                           |
| 0593   |                      |                                  |                              |   |                    |                             |
| % 100.00   | %                    |                                  | %                            |   | %                  | I                           |
| PASSENGER INFORMATION  |                      |                                  |                              |   |                    |                             |
| Number of Preschool/Kindergarten   | n pupils             | ELEMENTARY RIDE<br>(Grades PK-8) | RS                           | HIGH SCHOOL RI<br>(Grades 9-12                            |                    | TOTAL<br>ELIGIBLE RIDERS    |
| riding this route  |                      | (,                               |                              | (**************************************                   | ,                  |                             |
|  |                      | a                                |                              | b   |                    | C .                         |
| Regular (include eligible Preschool/Kind   | dergarten            | NUMBER                           |                              | NUMBER  |                    | a + b                       |
| riders) 1st Wheelchair (WC)  |                      |                                  |                              |   |                    |                             |
| 2nd Wheelchair (WC)  |                      |                                  |                              |   |                    |                             |
| Additional Wheelchairs (WC)  |                      |                                  |                              |   |                    |                             |
| Non-WC IEP Lists Trans as Related Se   | rvice                |                                  |                              |   |                    |                             |
| TOTAL ELIGIBLE RIDERS  |                      |                                  |                              |   |                    |                             |
|  |                      |                                  |                              |   |                    |                             |
| Ineligible Public School Riders (i.e., und miles OR nonresident and no attendance)   |                      |                                  |                              |   |                    |                             |
| agreement) (Include ineligible Preschool/Kindergarte   | en riders)           |                                  |                              |   |                    |                             |
| Nonpublic School Riders (ineligible)   |                      |                                  |                              |   |                    |                             |
| TOTAL RIDERS   |                      |                                  |                              |   |                    |                             |
| We hereby certify that this bus will op<br>County Transportation Committee. We   | further certify that | at this bus transports pupils e  | eligible for sch             | ool transportation as defined by                          | 20-10-101, MC      | Α.                          |
| We agree to supervision of this bus a required; to provide a vehicle which mee   | ets the minimum      | standards as established by      | the Board of                 | Public Education, the Montana                             |                    |                             |
| Superintendent; and to provide a license We also agree to refrain from solicitii We understand that violations of the  | ng or causing oth    | ners to solicit students from o  | ther transport               | tation areas.   | olding of ototo == | ad county reimburgement for |
| We understand that violations of the this bus route.   |                      |                                  | ·                            |   | · ·                | ,                           |
| We agree that if this route crosses di<br>the school boards of both districts shall  | be attached to th    | ne county superintendent's co    | opy of this do               | cument.   |                    |                             |
| We understand route changes occur accordance with 20-10-132, MCA.  |                      | , ,                              |                              |   |                    |                             |
| I certify that this application for regions operates on the route as appropriate the second control of the sec |                      |                                  |                              |   |                    |                             |
| Signature - Chair, Board of Trustees   | -                    | ·                                |                              | •   | Date               |                             |
| Caush, Tue   | nenortation C        | ommittee Annreyal sa             | יסמווייסק :                  | accordance with Section (                                 | 20 40 422 140      | Α.                          |
| This Application for Registration of area assigned to it by the County T   | School Bus an        | nd State Reimbursement           |                              | accordance with Section 2 eviewed and I certify that this |                    |                             |
| Signature - Chair, County Transportation   |                      |                                  |                              |   | Date               |                             |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement ever   |                 |                               |                   |   | ete one form for e           | ach bus route that        |
|---|-----------------|-------------------------------|-------------------|---|------------------------------|---------------------------|
| <b>Due Dates:</b><br>All Routes   | ŭ               | To                            | County Sectober 1 | •   |                              | Rate Per Mile<br>\$1.57   |
| County Name   |                 | County Number                 | Distr             | rict Name   |                              | Legal Entity Number       |
| Missoula  |                 | 32                            |                   | get Range Elementary  |                              | 0593                      |
| Route #   | Length of Ro    | igth of Route (miles per day) |                   | Type of Service ☐ Bus Route Mi ☐ Non Bus Mile.                        |                              | Rated Capacity            |
| 1, 1, 1   | 56              | a a                           |                   | Route Mileage   |                              | 71                        |
| Vehicle I.D. # 0569   | License<br>1849 | e #                           | □ Con             | trict Owned<br>htract - If so, Name of Owne<br>htracted rate per mile | Contractor (<br>r Beach Tran |                           |
| Reimbursement Distribution- Ente  | er the legal e  |                               | age of state      |   | e paid to each di            | strict. Note: Percentages |
| Legal Entity<br>0593  | Legal           |                               |                   | get:<br>al Entity   | Legal Enti                   | ty                        |
| % 100.00  | %               |                               | %                 |   | %                            |                           |
| PASSENGER INFORMATION   | T               | ELEMENTARY RI                 | DEDC              | HIGH SCHOOL   | DIDEBS                       | TOTAL                     |
| Number of Preschool/Kindergarte riding this route   | n pupils        | (Grades PK-8                  |                   | (Grades 9   |                              | ELIGIBLE RIDERS           |
|   |                 | a<br>NUMBER                   |                   | b<br>NUMBE  | ·R                           | c<br>a + b                |
| Regular (include eligible Preschool/Kin riders)   | ndergarten      | HOMBER                        |                   |   |                              | Q · D                     |
| 1st Wheelchair (WC)   |                 |                               |                   |   |                              |                           |
| 2nd Wheelchair (WC)   |                 |                               |                   |   |                              |                           |
| Additional Wheelchairs (WC)   |                 |                               |                   |   |                              |                           |
| Non-WC IEP Lists Trans as Related S   | ervice          |                               |                   |   |                              |                           |
| TOTAL ELIGIBLE RIDERS   |                 |                               |                   |   |                              |                           |
| Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar agreement)   | ice             |                               |                   |   |                              |                           |
| (Include ineligible Preschool/Kindergar<br>Nonpublic School Riders (ineligible)   | ten riders)     |                               |                   |   |                              |                           |
| TOTAL RIDERS  |                 |                               |                   |   |                              |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursem this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signethe school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                 |                               |                   |   |                              |                           |
| This Application for Registration o   | f School Bu     | s and State Reimburseme       |                   | in accordance with Section reviewed and I certify that                |                              |                           |
| area assigned to it by the County Signature - Chair, County Transportation  |                 |                               |                   |   | Date                         |                           |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| receives state reimbursement e   | even though trans       | portees of another legal e    |             | ilize the services.                            | ste one form for | Rate Per Mile              |
|--|-------------------------|-------------------------------|-------------|--|------------------|----------------------------|
| All Routes   |                         |                               | ber 1       | October 15                                     | 5                | \$1.57                     |
| County Name  |                         | County Number                 | District    | Name   |                  | Legal Entity Number        |
| Missoula   |                         | 32                            | Clinto      | n Elementary                                   |                  | 0595                       |
| Route #  | Length of Rout          | e (miles per day)             | Type of     | Service   Bus Route  Non Bus I                 |                  | Rated Capacity             |
| 1 (Tammy)  | 59.2                    |                               | Bus R       | oute Mileage                                   | villeage         | 72                         |
| Vehicle I.D. #   | License #               |                               | □ District  |  | Contractor       |                            |
| 3917   | C271                    |                               |             | ct - If so, Name of Owne<br>cted rate per mile | er Roy Handi     | ey<br>                     |
| Reimbursement Distribution- En   | nter the legal enti     |                               | of state/co |  | e paid to each d | istrict. Note: Percentages |
| Legal Entity<br>0595   | Legal Ent               | tity                          | Legal E     |  | Legal En         | tity                       |
| % 100.00   | %                       |                               | %           |  | %                |                            |
| PASSENGER INFORMATION  |                         | ELEMENTARY RIDE               | RS          | HIGH SCHOO                                     | RIDERS           | TOTAL                      |
| Number of Preschool/Kindergal riding this route  | rten pupils             | (Grades PK-8)                 | .NO         | (Grades 9                                      |                  | ELIGIBLE RIDERS            |
|  |                         | a<br>NUMBER                   |             | b<br>NUMBE                                     | ER               | c<br>a+b                   |
| Regular (include eligible Preschool/riders)  | Kindergarten            |                               |             |  |                  |                            |
| 1st Wheelchair (WC)  |                         |                               |             |  |                  |                            |
| 2nd Wheelchair (WC)  |                         |                               |             |  |                  |                            |
| Additional Wheelchairs (WC)  |                         |                               |             |  |                  |                            |
| Non-WC IEP Lists Trans as Related  | d Service               |                               |             |  |                  |                            |
| TOTAL ELIGIBLE RIDERS  |                         |                               |             |  |                  |                            |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)   | dance<br>garten riders) |                               |             |  |                  |                            |
| TOTAL RIDERS   |                         |                               |             |  |                  |                            |
| Mo horoku zaditu u zi u z  | ill aparets selled      | on the route antable to the C | Doord - CT  | estade and within the Co                       | artation         | nod and any served by the  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement if this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |                         |                               |             |  |                  |                            |
| I certify that this application for<br>bus operates on the route as ap   |                         |                               |             |  |                  |                            |
| Signature - Chair, Board of Trustees   |                         | ·                             |             |  | Date             |                            |
| County This Application for Registration area assigned to it by the Coun   | n of School Bus a       |                               |             |  |                  |                            |
| Signature - Chair, County Transport  | •                       |                               |             |  | Date             |                            |



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| receives state reimbursement e  Due Dates All Routes   | ven though tra  | ensportees of another leg  |  | ilize the services.  |  | Rate Per Mile<br>\$1.57   |
|--|---|--|--|--|--|---|
| County Name  |   | County Number  | District   | Name   |  | Legal Entity Number   |
| Missoula   |   | 32   | Clinto   | n Elementary   |  | 0595  |
| Route #  |   | oute (miles per day)   | Type of  | Service   Bus Rou  Non Bus   |  | Rated Capacity  |
| 3 (Kenny/Bob) Vehicle I.D. #   | 52<br>License   | e #  | □ Bus R  | oute Mileage   | Contractor   | 72<br>Owned   |
| 1982   | C272  |  | □ Contra   | ct - If so, Name of Ow<br>cted rate per mile   |  |   |
| Reimbursement Distribution- Er   | nter the legal e  |  |  |  | be paid to each  | district. Note: Percentages   |
| Legal Entity<br>0595   | Legal I   |  | st match budget<br>Legal E   |  | Legal En   | atity   |
| % 100.00   | %   |  | %  |  | %  |   |
| PASSENGER INFORMATION  |   | 5,545,47,87  |  |  | 01 010500  |   |
| Number of Preschool/Kindergar riding this route  | ten pupils  | ELEMENTARY I<br>(Grades PK   |  | HIGH SCHO<br>(Grades   |  | TOTAL<br>ELIGIBLE RIDERS  |
|  |   | a<br>NUMBEF  | ₹  | b<br>NUM   |  | c<br>a + b  |
| Regular (include eligible Preschool/liriders)  | Kindergarten  |  |  |  |  |   |
| 1st Wheelchair (WC)  |   |  |  |  |  |   |
| 2nd Wheelchair (WC)  |   |  |  |  |  |   |
| Additional Wheelchairs (WC)  |   |  |  |  |  |   |
| Non-WC IEP Lists Trans as Related  | Service   |  |  |  |  |   |
| TOTAL ELIGIBLE RIDERS  |   |  |  |  |  |   |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | ance<br>garten riders)  |  |  |  |  |   |
| TOTAL RIDERS   |   |  |  |  |  |   |
| We hereby certify that this bus w. County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts st We understand route changes of accordance with 20-10-132, MCA.  | We further certifus and bus route<br>meets the minin<br>ensed, qualified<br>iciting or causing<br>the laws, rules of<br>es district lines a<br>hall be attached | y that this bus transports pue<br>by the State Superintende<br>num standards as establishe<br>and approved driver to oper<br>g others to solicit students from<br>regulations governing sch<br>and transports students from<br>to the county superintender | upils eligible for schent; to make such red by the Board of rate such vehicle a rom other transportation to outside the districtive copy of this document. | tool transportation as defi<br>eports to the State Super<br>Public Education, the Mo<br>s required by 20-10-103,<br>tation areas.<br>will be sufficient cause for<br>t, a copy of the agreement<br>cument. | ned by 20-10-101, N<br>intendent and Count<br>ntana Highway Patro<br>MCA.<br>r withholding of state<br>t between Boards, 2 | y Superintendent as are old and the State and county reimbursement for 0-10-126(2) MCA, signed by |
| I certify that this application for the bus operates on the route as application for the section of the section |   |  |  |  |  |   |
| Signature - Chair, Board of Trustees   |   |  |  |  | Date   |   |
| County This Application for Registration area assigned to it by the County   | of School Bu  |  | •  |  |  |   |
| Signature - Chair, County Transport  |   |  |  |  | Date   |   |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus rout receives state reimbursement even though transportees of another legal entity may utilize the services.  |                |                                 |                       |  |                 |                          |
|--|----------------|---------------------------------|-----------------------|--|-----------------|--------------------------|
| <b>Due Dates:</b><br>All Routes  | -              |                                 | County Sup<br>tober 1 | t To OPI<br>October 15                                 |                 | Rate Per Mile<br>\$1.57  |
| County Name  |                | County Number                   | District              | Name   |                 | Legal Entity Number      |
| Missoula   |                | 32                              | Clinto                | n Elementary   |                 | 0595                     |
| Route #  | Length of Ro   | oute (miles per day)            | Type o                | f Service   Bus Route M                                | -               | Rated Capacity           |
| 2 (Betty)  | 27.6           |                                 | Bus F                 | □ Non Bus Mile<br>Route Mileage                        | eage            | 71                       |
| Vehicle I.D. #   | License        | e #                             | □ Distric             |  | Contractor C    |                          |
| 5457   | C276           |                                 |                       | ct - If so, Name of Owner cted rate per mile           | Roy Handle      | y<br>                    |
| Reimbursement Distribution- Ente   | er the legal e |                                 | ge of state/co        |  | aid to each dis | trict. Note: Percentages |
| Legal Entity<br>0595   | Legal E        |                                 | Legal E               |  | Legal Entit     | У                        |
| % 100.00   | %              |                                 | %                     |  | %               |                          |
| PASSENGER INFORMATION  | /0             |                                 |                       |  |                 |                          |
| Number of Preschool/Kindergarte riding this route  | n pupils       | ELEMENTARY RID<br>(Grades PK-8) |                       | HIGH SCHOOL R<br>(Grades 9-12                          |                 | TOTAL<br>ELIGIBLE RIDERS |
|  |                | a<br>NUMBER                     |                       | b<br>NUMBER  |                 | c<br>a + b               |
| Regular (include eligible Preschool/Kin  | ndergarten     | NOWBER                          |                       | NOWIBER  |                 | a + b                    |
| riders) 1st Wheelchair (WC)  |                |                                 |                       |  |                 |                          |
| 2nd Wheelchair (WC)  |                |                                 |                       |  |                 |                          |
| Additional Wheelchairs (WC)  |                |                                 |                       |  |                 |                          |
| Non-WC IEP Lists Trans as Related S  | ervice         |                                 |                       |  |                 |                          |
| TOTAL ELIGIBLE RIDERS  |                |                                 |                       |  |                 |                          |
| Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergar Nonpublic School Riders (ineligible)   | ice            |                                 |                       |  |                 |                          |
| TOTAL RIDERS   |                |                                 |                       |  |                 |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                |                                 |                       |  |                 |                          |
| This Application for Registration o  | f School Bus   | s and State Reimbursemen        |                       | accordance with Section eviewed and I certify that thi |                 |                          |
| area assigned to it by the County Signature - Chair, County Transportation   |                |                                 |                       |  | Date            |                          |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.  |            |             |                                  |               |   | one form for e  | ach bus route that  |
|---|------------|-------------|----------------------------------|---------------|---|-----------------|---|
| <b>Due Dates</b><br>All Routes  |            |             |                                  | ounty Sup     | t To OPI<br>October 15                          |                 | Rate Per Mile<br>\$1.15   |
| County Name   |            |             | County Number                    | District      | Name  |                 | Legal Entity Number   |
| Missoula  |            |             | 32                               | Swan          | Valley Elementary                               |                 | 0596  |
| Route #   | Length     | of Route    | (miles per day)                  | Type of       | Service   Bus Route Mi                          | •               | Rated Capacity  |
| South   | 56         |             |                                  | Bus R         | □ Non Bus Mile<br>Soute Mileage                 | age             | 59  |
| Vehicle I.D. #  | Li         | icense #    |                                  | □ District    |   | Contractor (    |   |
| 1069  |            | 1928        |                                  | □ Contra      | ct - If so, Name of Owner of Cted rate per mile |                 |   |
| Reimbursement Distribution- En  | ter the le | egal entity |                                  | e of state/co |   | aid to each dis | strict. Note: Percentages   |
| Legal Entity<br>0596  | L          | egal Entit  |                                  | Legal E       |   | Legal Entit     | ty  |
| % 100.00  |            | %           |                                  | %             |   | %               |   |
| PASSENGER INFORMATION   | _          |             |                                  |               |   |                 |   |
| Number of Preschool/Kindergart riding this route  | ten pupil  | ls          | ELEMENTARY RIDE<br>(Grades PK-8) | ERS           | HIGH SCHOOL RI<br>(Grades 9-12                  |                 | TOTAL<br>ELIGIBLE RIDERS  |
|   |            |             | а                                |               | b<br>NUMBER                                     |                 | C   |
| Regular (include eligible Preschool/K   | Cindergart | ten         | NUMBER                           |               | NOWBER  |                 | a + b   |
| riders) 1st Wheelchair (WC)   |            |             |                                  |               |   |                 |   |
| 2nd Wheelchair (WC)   |            |             |                                  |               |   |                 |   |
| Additional Wheelchairs (WC)   |            |             |                                  |               |   |                 |   |
| Non-WC IEP Lists Trans as Related   | Service    |             |                                  |               |   |                 |   |
| TOTAL ELIGIBLE RIDERS   |            |             |                                  |               |   |                 |   |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda   |            |             |                                  |               |   |                 |   |
| agreement) (Include ineligible Preschool/Kinderg  | arten ride | ers)        |                                  |               |   |                 |   |
| Nonpublic School Riders (ineligible)  |            |             |                                  |               |   |                 |   |
| TOTAL RIDERS  |            |             |                                  |               |   |                 |   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |            |             |                                  |               |   |                 | A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the |
| County T This Application for Registration  |            |             |                                  |               | accordance with Section 2                       |                 |   |
| area assigned to it by the Count  | y Transp   | portation C |                                  | nas been le   | eviewed and reening that this                   |                 | within the transportation   |
| Signature - Chair, County Transporta  | ation Com  | nmittee     |                                  |               |   | Date            |   |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.  |               |              |                                  |               |   | ach bus route that |   |
|--|---------------|--------------|----------------------------------|---------------|---|--------------------|---|
| <b>Due Dates</b><br>All Routes   |               |              |                                  | ounty Sup     | t To OPI<br>October 15                        |                    | Rate Per Mile<br>\$1.57   |
| County Name  |               |              | County Number                    | District      | Name  |                    | Legal Entity Number   |
| Missoula   |               |              | 32                               | Swan          | Valley Elementary                             |                    | 0596  |
| Route #  | Length        | h of Route   | (miles per day)                  | Type o        | f Service   Bus Route Mi                      | •                  | Rated Capacity  |
| north  | 58            |              |                                  | Bus F         | □ Non Bus Mile<br>Route Mileage               | age                | 71  |
| Vehicle I.D. #   | L             | icense #     |                                  | □ Distric     |   | Contractor (       |   |
| 2374   |               | H929         |                                  | □ Contra      | ct - If so, Name of Owner octed rate per mile |                    |   |
| Reimbursement Distribution- Er   | nter the I    | legal entity |                                  | e of state/co |   | aid to each dis    | strict. Note: Percentages   |
| Legal Entity<br>0596   | L             | Legal Enti   |                                  | Legal E       |   | Legal Enti         | ty  |
| % 100.00   |               | %            |                                  | %             |   | %                  |   |
| PASSENGER INFORMATION  |               |              |                                  |               |   |                    |   |
| Number of Preschool/Kindergar riding this route  | ten pupi      | ils          | ELEMENTARY RIDE<br>(Grades PK-8) | ERS           | HIGH SCHOOL RI<br>(Grades 9-12                |                    | TOTAL<br>ELIGIBLE RIDERS  |
|  |               |              | а                                |               | b   |                    | C   |
| Regular (include eligible Preschool/k  | <br>Kindergar | rten         | NUMBER                           |               | NUMBER  |                    | a + b   |
| riders) 1st Wheelchair (WC)  |               |              |                                  |               |   |                    |   |
| 2nd Wheelchair (WC)  |               |              |                                  |               |   |                    |   |
| Additional Wheelchairs (WC)  |               |              |                                  |               |   |                    |   |
| Non-WC IEP Lists Trans as Related  | Service       |              |                                  |               |   |                    |   |
| TOTAL ELIGIBLE RIDERS  |               |              |                                  |               |   |                    |   |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |               |              |                                  |               |   |                    |   |
| agreement) (Include ineligible Preschool/Kinderg   |               | ers)         |                                  |               |   |                    |   |
| Nonpublic School Riders (ineligible)   |               |              |                                  |               |   |                    |   |
| TOTAL RIDERS   |               |              |                                  |               |   |                    |   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement of this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |               |              |                                  |               |   |                    | A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the |
| This Application for Registration  | of Scho       | ool Bus ar   | nd State Reimbursement           |               | accordance with Section a                     |                    |   |
| area assigned to it by the Count<br>Signature - Chair, County Transport  |               |              | Committee.                       |               |   | Date               |   |
|  |               |              |                                  |               |   | 1                  |   |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement even  |   |   |   |   |  | ne form for e   | ach bus route that   |  |
|--|---|---|---|---|--|---|--|--|
| Due Dates:   |   |   | unty Supt   |   | OPI  |   | Rate Per Mile  |  |
| All Routes   |   | Octob   | er 1  | Od  | ctober 15  |   | \$1.57   |  |
| County Name  |   | County Number   | District  | Name  |  |   | Legal Entity Number  |  |
| Missoula   |   | 32  |   | y Lake Elem   | entary   |   | 0597   |  |
| Route # Le   | ength of Route  | (miles per day)   | Type of   |   | us Route Mil   |   |  |  |
| 1 58   | 3.8   |   | Bus R   | □ Non Bus Mileage Bus Route Mileage 71  |  |   |  |  |
| Vehicle I.D. #   | .D. # License #   |   |   | Owned   | _  | contractor (  |  |  |
| 2274   | 274 C311  |   |   | ct - If so, Name<br>cted rate per mi  |  | Diane's Bus   | ses  |  |
| Reimbursement Distribution- Enter  | the legal entity  |   | of state/co<br>tch budget   |   | ment to be pa  | aid to each dis   | strict. Note: Percentages  |  |
| Legal Entity   |   |   |   | ntity   |  | Legal Enti  |  |  |
| 0597   | 0597  |   |   |   |  |   |  |  |
| % 100.00   | %   |   | %   |   |  |   |  |  |
| PASSENGER INFORMATION  |   | ELEMENTARY RIDER  | 20  | шсц   | SCHOOL BII   | DEBS  | TOTAL  |  |
| Number of Preschool/Kindergarten riding this route   | pupils  | (Grades PK-8)   | λ3  | -   | Grades 9-12)   |   | _  |  |
|  |   |   |   |   | b<br>NUMBER  | -   |  |  |
| Regular (include eligible Preschool/Kinde riders)  | egular (include eligible Preschool/Kindergarten   |   |   |   | NOWBER   |   | аты  |  |
| 1st Wheelchair (WC)  |   |   |   |   |  |   |  |  |
| 2nd Wheelchair (WC)  |   |   |   |   |  |   |  |  |
| Additional Wheelchairs (WC)  |   |   |   |   |  |   |  |  |
| Non-WC IEP Lists Trans as Related Serv   | vice  |   |   |   |  |   |  |  |
| TOTAL ELIGIBLE RIDERS  |   |   |   |   |  |   |  |  |
| Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement)   |   |   |   |   |  |   |  |  |
| (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)   | n riders)   |   |   |   |  |   |  |  |
| TOTAL RIDERS   |   |   |   |   |  |   |  |  |
| 10171211132110   |   |   |   |   |  |   |  |  |
| We hereby certify that this bus will op County Transportation Committee. We f We agree to supervision of this bus an required; to provide a vehicle which mee Superintendent; and to provide a license We also agree to refrain from solicitin We understand that violations of the lithis bus route.  We agree that if this route crosses dis the school boards of both districts shall b We understand route changes occurring accordance with 20-10-132, MCA. | urther certify that and bus route by the minimum of qualified and of gor causing oth aws, rules or regestrict lines and trace attached to the | It this bus transports pupils elithe State Superintendent; to istandards as established by tapproved driver to operate suers to solicit students from ottigulations governing school transports students from outside county superintendent's coperate. | gible for sch<br>make such r<br>he Board of<br>ch vehicle a<br>ner transport<br>nsportation<br>e the district<br>by of this doc | nool transportation eports to the State Public Education, s required by 20-tation areas. will be sufficient cat, a copy of the agreement. | as defined by a Superintende the Montana I 10-103, MCA. ause for withhouse the montane the montane the superintendent between the | 20-10-101, MC<br>ent and County<br>Highway Patrol<br>olding of state a<br>een Boards, 20- | A. Superintendent as are and the State  nd county reimbursement for 10-126(2) MCA, signed by |  |
| I certify that this application for regis<br>bus operates on the route as appro-   |   |   |   |   |  |   |  |  |
| Signature - Chair, Board of Trustees   | ,   |   |   | <u> </u>  | -,   | Date  |  |  |
| County Tran This Application for Registration of Sarea assigned to it by the County Tr   | School Bus an   |   |   |   |  |   |  |  |
| Signature - Chair, County Transportation   |   |   |   |   |  | Date  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordar receives state reimbursement ex  |              | ,           |                                  |  |                            |                                 | ne form for e |   |  |  |
|--|--------------|-------------|----------------------------------|--|----------------------------|---------------------------------|---------------|---|--|--|
| <b>Due Dates</b><br>All Routes   | <b>s</b> :   |             |                                  | County Sup   |                            | OPI<br>ctober 15                |               | Rate Per Mile<br>\$1.57   |  |  |
| County Name  |              |             | County Number                    | Distric  | Name                       |                                 |               | Legal Entity Number   |  |  |
| Missoula   |              |             | 32                               |  | y Lake Elem                |                                 |               | 0597  |  |  |
| Route #  | Length o     | of Route (  | miles per day)                   | Type o   | f Service □ B              | Bus Route Mile<br>Ion Bus Milea |               | Rated Capacity  |  |  |
| 3  | 47.6         | .,          |                                  | 1 .  | Route Mileage              | е                               |               | 71  |  |  |
| Vehicle I.D. #   |              | ense#       |                                  | <ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Diane's Buses</li> </ul> |                            |                                 |               |   |  |  |
| 5133 C309  |              |             |                                  |  | acted rate per m           |                                 |               |   |  |  |
|  | must m       | natch budge | t!                               | ment to be pa  |                            |                                 |               |   |  |  |
| Legal Entity 0597 Legal Entity   |              |             |                                  | Legal E  | Legal Entity  Legal Entity |                                 |               |   |  |  |
| % 100.00   | % 100.00 %   |             |                                  | %  |                            |                                 | %             | Rate Per Mile \$1.57  Legal Entity Number 0597 Rated Capacity 71 Pactor Owned Pe's Buses  each district. Note: Percentages each distr |  |  |
| PASSENGER INFORMATION  | _            |             |                                  |  |                            |                                 |               |   |  |  |
| Number of Preschool/Kindergart riding this route   | ten pupils   |             | ELEMENTARY RIDI<br>(Grades PK-8) | ERS  | _                          | SCHOOL RIE<br>Grades 9-12)      |               | _   |  |  |
|  |              |             | а                                |  |                            | ь                               |               | -   |  |  |
| Regular (include eligible Preschool/K riders)  | (indergarter | n           | NUMBER                           |  |                            | NUMBER                          |               | a + b   |  |  |
| 1st Wheelchair (WC)  |              |             |                                  |  |                            |                                 |               |   |  |  |
| 2nd Wheelchair (WC)  |              |             |                                  |  |                            |                                 |               |   |  |  |
| Additional Wheelchairs (WC)  |              |             |                                  |  |                            |                                 |               |   |  |  |
| Non-WC IEP Lists Trans as Related  | Service      |             |                                  |  |                            |                                 |               |   |  |  |
| TOTAL ELIGIBLE RIDERS  |              |             |                                  |  |                            |                                 |               |   |  |  |
| Ineligible Public School Riders (i.e., u<br>miles OR nonresident and no attenda<br>agreement)  | ance         |             |                                  |  |                            |                                 |               |   |  |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)  | arten riders | s)          |                                  |  |                            |                                 |               |   |  |  |
| TOTAL RIDERS   |              |             |                                  |  |                            |                                 |               |   |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |              |             |                                  |  |                            |                                 |               |   |  |  |
| bus operates on the route as ap  |              |             |                                  |  |                            |                                 | portation Cor |   |  |  |
| Signature - Chair, Board of Trustees   |              |             |                                  |  |                            |                                 | Date          |   |  |  |
|  | of School    | I Bus and   |                                  |  |                            |                                 |               |   |  |  |
| Signature - Chair, County Transporta   | ation Comm   | nittee      |                                  |  |                            |                                 | Date          |   |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

| receives state reimbursement even though transportees of another legal entity may utilize the services.   |   |           |                                   |            |                                   |                               |                 | D. ( D. M.)               |
|---|---|-----------|-----------------------------------|------------|-----------------------------------|-------------------------------|-----------------|---------------------------|
| Due Dates   | s:  |           | To Co                             | ounty Supt |                                   | То ОРІ                        |                 | Rate Per Mile             |
| All Routes  |   |           | Octob                             | er 1       |                                   | October 15                    |                 | \$1.57                    |
| County Name   |   |           | County Number                     | District I | Name                              |                               |                 | Legal Entity Number       |
| Missoula  |   |           | 32                                | Seeley     | / Lake E                          | lementary                     |                 | 0597                      |
| Route #   | Length of   | Route     | (miles per day)                   | Type of    | Service                           | □ Bus Route Mi                |                 | Rated Capacity            |
| 2   | 21.8  |           |                                   | Bus R      | □ Non Bus Mileage oute Mileage 71 |                               |                 |                           |
| Vehicle I.D. #  | Licer   | ise#      |                                   | □ District |                                   |                               | Contractor (    |                           |
| 5133  | 5133 C309   |           |                                   |            | ct - If so, N<br>cted rate p      | ame of Owner [<br>er mile     | Jiane's Bus     | ses<br>                   |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be must match budget!   |   |           |                                   |            |                                   |                               | aid to each dis | strict. Note: Percentages |
| Legal Entity  | /   | Legal Er  |                                   |            | Legal Entit                       | ty                            |                 |                           |
| 0597  |   |           |                                   |            |                                   |                               |                 |                           |
| % 100.00  | 9/  | ,<br>0    |                                   | %          |                                   |                               | %               |                           |
| PASSENGER INFORMATION   |   |           |                                   |            |                                   |                               |                 |                           |
| Number of Preschool/Kindergar riding this route   | ten pupils  |           | ELEMENTARY RIDER<br>(Grades PK-8) | RS         | Н                                 | IGH SCHOOL RI<br>(Grades 9-12 |                 | TOTAL<br>ELIGIBLE RIDERS  |
|   |   |           |                                   |            |                                   | b<br>NUMBER                   |                 | c<br>a + b                |
| Regular (include eligible Preschool/kriders)  |   | NUMBER    |                                   |            | NOMBER                            |                               | u · b           |                           |
| 1st Wheelchair (WC)   |   |           |                                   |            |                                   |                               |                 |                           |
| 2nd Wheelchair (WC)   |   |           |                                   |            |                                   |                               |                 |                           |
| Additional Wheelchairs (WC)   |   |           |                                   |            |                                   |                               |                 |                           |
| Non-WC IEP Lists Trans as Related   | Service   |           |                                   |            |                                   |                               |                 |                           |
| TOTAL ELIGIBLE RIDERS   |   |           |                                   |            |                                   |                               |                 |                           |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinderg   | ance  |           |                                   |            |                                   |                               |                 |                           |
| Nonpublic School Riders (ineligible)  | arten nuers)  |           |                                   |            |                                   |                               |                 |                           |
| TOTAL RIDERS  |   |           |                                   |            |                                   |                               |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by |   |           |                                   |            |                                   |                               |                 |                           |
| the school boards of both districts shade understand route changes of accordance with 20-10-132, MCA.  I certify that this application for r  | curring during  | g the scl | hool year require the filing of   | an amended | ITR-1 form                        |                               | , ,             |                           |
| bus operates on the route as ap   | proved by a   |           |                                   |            |                                   |                               | sportation Co   |                           |
| Signature - Chair, Board of Trustees  |   |           |                                   |            |                                   |                               | Date            |                           |
| This Application for Registration area assigned to it by the Count  | County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. |           |                                   |            |                                   |                               |                 |                           |
| Signature - Chair, County Transporta  | ation Commit  | tee       |                                   |            |                                   |                               | Date            |                           |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|  |                                       |                                 |   | 3   | CHOOL LEG                                | ai 2005 - 200 <del>4</del>        |            |                                 |
|--|---------------------------------------|---------------------------------|---|---|--|-----------------------------------|------------|---------------------------------|
| A  |                                       |                                 | ortees of another lega<br><b>To</b><br>Oc | l entity may un<br>County Sup<br>ctober 1 | tilize the ser                           |                                   | F<br>\$    | Rate Per Mile<br>0.95           |
| County Name  |                                       |                                 | County Number                             | District                                  | Name                                     |                                   |            | Legal Entity Number             |
| Missoula   |                                       |                                 | 32  | Frenc                                     | htown K-                                 | 12 Schools                        |            | 0599                            |
| Route #  | Leng                                  | Length of Route (miles per day) |   |   |  | ☐ Bus Route Mileage               |            | Rated Capacity                  |
| 17B  | 4.2                                   |                                 |   | Rue F                                     | Route Mile                               | □ Non Bus Mileage                 |            | 30                              |
| Vehicle I.D. #   | =                                     | License #                       |   | □ District                                |  | •                                 | ct Owne    |                                 |
| 8036   |                                       | 613                             |   |   | ict - If so, Na<br>icted rate pe         | ame of Owner<br>er mile           |            |                                 |
| Reimbursement Distrib  | oution- Enter the                     | legal entity                    |   |   |  | irsement to be paid to            | each dist  | rict. Note: Percentages         |
| Legal Entity<br>0599   |                                       |                                 |   |   | atch budget!  Legal Entity  Legal Entity |                                   |            |                                 |
| % 100.00   |                                       | %                               |   | %   |  |                                   | %          |                                 |
| PASSENGER INFORM   | MATION                                |                                 |   |   |  | _                                 |            |                                 |
| Number of Preschool/I riding this route  | Kindergarten pu                       | pils                            | ELEMENTARY RII<br>(Grades PK-8            |   | НІ                                       | GH SCHOOL RIDERS<br>(Grades 9-12) | 5          | TOTAL<br>ELIGIBLE RIDERS        |
|  | a<br>NUMBER                           |                                 |   |   |  | b<br>NUMBER                       |            | c<br>a + b                      |
| Regular (include eligible F  | Preschool/Kinderga                    | arten                           |   |   |  |                                   |            |                                 |
| 1st Wheelchair (WC)  |                                       |                                 |   |   |  |                                   |            |                                 |
| 2nd Wheelchair (WC)  |                                       |                                 |   |   |  |                                   |            |                                 |
| Additional Wheelchairs (V  | VC)                                   |                                 |   |   |  |                                   |            |                                 |
| Non-WC IEP Lists Trans   | as Related Service                    | 9                               |   |   |  |                                   |            |                                 |
| TOTAL ELIGIBLE RIC   | DERS                                  |                                 |   |   |  |                                   |            |                                 |
| Ineligible Public School R<br>miles OR nonresident and<br>agreement)   | d no attendance                       |                                 |   |   |  |                                   |            |                                 |
| (Include ineligible Presche Nonpublic School Riders  |                                       | ders)                           |   |   |  |                                   |            | -                               |
| TOTAL RIDERS   |                                       |                                 |   |   |  |                                   |            |                                 |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. |                                       |                                 |   |   |  |                                   |            |                                 |
| We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  |                                       |                                 |   |   |  |                                   |            |                                 |
| I certify that this applic   | ation for registra                    |                                 |   |   |  |                                   |            |                                 |
| bus operates on the ro<br>Signature - Chair, Board   |                                       | by and wit                      | nin the transportation                    | service area a                            | issigned by                              | the County Transporta             |            | mittee.                         |
|  |                                       |                                 |   |   |  |                                   |            | -                               |
| This Application for Rearea assigned to it by  | egistration of Sch<br>the County Tran | nool Bus and sportation C       | d State Reimburseme                       |   |  |                                   | operates v | A.<br>within the transportation |
| Signature - Chair, County  | Transportation Co                     | ommittee                        |   |   |  | Date                              | 9          |                                 |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement of Due Date All Routes   | even though<br>s:   |         | ortees of another legal o       |            | ilize the service  | o OPI          |               | ach bus route that<br>Rate Per Mile<br>\$0.95 |
|---|---|---------|---------------------------------|------------|--|----------------|---------------|---|
| County Name   |   |         | County Number                   | District   | District Name  Frenchtown K-12 Schools  Type of Service Bus Route Mileage Non Bus Mileage Bus Route Mileage District Owned Contract - If so, Name of Owner Contracted rate per mile of state/county reimbursement to be paid to each budget! Legal Entity  Legal I |                |               | Legal Entity Number                           |
| Missoula  |   |         | 32                              | Frenc      | htown K-12   | Schools        |               | 0599  |
| Route #   | Length o  | f Route | (miles per day)                 | Type of    |  |                |               | Rated Capacity                                |
| SE 16A  | 2.9   |         |                                 | Bus R      |  |                | ge            | 20  |
| Vehicle I.D. # License #  |   |         |                                 | □ District | Owned  | Di             | strict Own    | ed  |
| 3877 1124   |   |         |                                 |            |  |                |               |   |
| Reimbursement Distribution- En  | Reimbursement Distribution- Enter the legal entity number and p   |         |                                 |            |  | ment to be pai | d to each dis | strict. Note: Percentages                     |
| Legal Entity Legal E  |   |         |                                 |            |  |                |               |   |
| % 100.00 %  |   |         |                                 | %          |  |                | %             |   |
| PASSENGER INFORMATION   |   |         |                                 |            |  |                |               | _   |
| Number of Preschool/Kinderga riding this route  | rten pupils   |         | ELEMENTARY RID<br>(Grades PK-8) | ERS        |  |                | ERS           | TOTAL<br>ELIGIBLE RIDERS                      |
|   |   |         | a<br>NUMBER                     |            |  |                |               | c<br>a + b                                    |
| Regular (include eligible Preschool/riders)   | NOMBER  |         |                                 | NOMBER     |  | a + b          |               |   |
| 1st Wheelchair (WC)   |   |         |                                 |            |  |                |               |   |
| 2nd Wheelchair (WC)   |   |         |                                 |            |  |                |               |   |
| Additional Wheelchairs (WC)   |   |         |                                 |            |  |                |               |   |
| Non-WC IEP Lists Trans as Related   | d Service   |         |                                 |            |  |                |               |   |
| TOTAL ELIGIBLE RIDERS   |   |         |                                 |            |  |                |               |   |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)  |   |         |                                 |            |  |                |               |   |
| agreement) (Include ineligible Preschool/Kinder   | garten riders   | )       |                                 |            |  |                |               |   |
| Nonpublic School Riders (ineligible)  | )   |         |                                 |            |  |                |               |   |
| TOTAL RIDERS  |   |         |                                 |            |  |                |               |   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |   |         |                                 |            |  |                |               |   |
| I certify that this application for bus operates on the route as a  |   |         |                                 |            |  |                |               |   |
|   | Signature - Chair, Board of Trustees  |         |                                 |            |  |                | Date          |   |
| This Application for Registration   | County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. |         |                                 |            |  |                |               |   |
| Signature - Chair, County Transport   |   |         | ommittee.                       |            |  |                | Date          |   |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordan  | ice with Titl  | e 20. C   | Chapter 10, Part 1, MCA                 | . School o          | listrict officia                | I must complete o  | ne form for e    | ach bus route that          |  |  |
|--|--|-----------|---|---------------------|---------------------------------|--|------------------|-----------------------------|--|--|
| receives state reimbursement ev  |  |           |   |                     |                                 |  |                  | Rate Per Mile               |  |  |
| Due Dates:   | :  |           |   | ounty Su            | ot                              | То ОРІ   |                  |                             |  |  |
| All Routes   |  |           | Octo                                    | ber 1               |                                 | October 15   |                  | \$0.95                      |  |  |
| County Name  |  |           | County Number                           | Distric             | t Name                          |  |                  | Legal Entity Number         |  |  |
| Missoula   |  |           | 32                                      | Fren                | chtown K-                       | 12 Schools   |                  | 0599                        |  |  |
| Route #  | Length of I  | Route (   | (miles per day)                         | Туре                |                                 | <ul><li>☐ Bus Route Mile</li><li>☐ Non Bus Milea</li></ul> | U                | Rated Capacity              |  |  |
| SE 17a   | 7.4  |           |   | Bus                 | Route Mile                      |  | ge               | 30                          |  |  |
| Vehicle I.D. #   | Licen  | se#       |   |                     | ct Owned                        |  | istrict Own      | ed                          |  |  |
| 8036   | 613  |           |   |                     | act - if so, N<br>acted rate pe | ame of Owner<br>er mile                                    |                  |                             |  |  |
| Reimbursement Distribution- Ent  | er the legal   | entity    |   |                     |                                 | ursement to be pa  | id to each dis   | strict. Note: Percentages   |  |  |
| Legal Entity Legal Entity  |  |           |   | atch budge<br>Legal |                                 |  | Legal Entit      | ry .                        |  |  |
| 0599   |  |           |   |                     |                                 |  |                  |                             |  |  |
| % 100.00   | %  | 1         |   | %                   |                                 |  |                  |                             |  |  |
| PASSENGER INFORMATION  |  |           |   | ,,                  |                                 |  | ,,               |                             |  |  |
| Number of Preschool/Kindergarte  | en pupils  |           | ELEMENTARY RIDE<br>(Grades PK-8)        | RS                  | HI                              | IGH SCHOOL RIE<br>(Grades 9-12)                            | ERS              | _                           |  |  |
| riding this route  |  |           | (====================================== |                     |                                 | (  |                  |                             |  |  |
|  |  |           |   |                     |                                 | b  |                  | -                           |  |  |
| Regular (include eligible Preschool/Ki   | indergarten  |           | NUMBER                                  |                     |                                 | NUMBER   |                  | a + b                       |  |  |
| riders) 1st Wheelchair (WC)  | -  |           |   |                     |                                 |  |                  |                             |  |  |
| 2nd Wheelchair (WC)  |  |           |   |                     |                                 |  |                  |                             |  |  |
| Additional Wheelchairs (WC)  |  |           |   |                     |                                 |  |                  |                             |  |  |
| Non-WC IEP Lists Trans as Related S  | Service  |           |   |                     |                                 |  |                  |                             |  |  |
| TOTAL ELIGIBLE RIDERS  |  |           |   |                     |                                 |  |                  |                             |  |  |
|  |  |           |   |                     |                                 |  |                  |                             |  |  |
| Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda     |  |           |   |                     |                                 |  |                  |                             |  |  |
| agreement) (Include ineligible Preschool/Kinderga                                | arten riders)  |           |   |                     |                                 |  |                  |                             |  |  |
| Nonpublic School Riders (ineligible)   |  |           |   |                     |                                 |  |                  |                             |  |  |
| TOTAL RIDERS   |  |           |   |                     |                                 |  |                  |                             |  |  |
| We hereby certify that this bus will County Transportation Committee. W          |  |           |   |                     |                                 |  |                  |                             |  |  |
| We agree to supervision of this bu   | s and bus ro   | ute by th | he State Superintendent; to             | make such           | reports to the                  | State Superintender  | nt and County S  | Superintendent as are       |  |  |
| required; to provide a vehicle which m<br>Superintendent; and to provide a licer | nsed, qualifie   | d and a   | pproved driver to operate s             | such vehicle        | as required by                  |  | ilgilway Fallor  | and the State               |  |  |
| We also agree to refrain from solic We understand that violations of the         |  |           |   |                     |                                 | ent cause for withho                                       | lding of state a | nd county reimbursement for |  |  |
| this bus route.  We agree that if this route crosses                             |  |           |   |                     |                                 | ne agreement betwe   | en Boards, 20-   | 10-126(2) MCA, signed by    |  |  |
| the school boards of both districts sha<br>We understand route changes occ       |  |           |   |                     |                                 | and approval of the  | County Transpo   | ortation Committee in       |  |  |
| accordance with 20-10-132, MCA.  I certify that this application for re          |  |           |   |                     |                                 |  |                  |                             |  |  |
|  | bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date |           |   |                     |                                 |  |                  |                             |  |  |
| <u> </u>   |  |           |   |                     |                                 |  |                  |                             |  |  |
|  |  |           | mmittee Approval as I                   |                     |                                 |  |                  |                             |  |  |
| This Application for Registration area assigned to it by the County              |  |           |   | nas been            | eviewed and                     | u i certily that this                                      | ous operates     | within the transportation   |  |  |
| Signature - Chair, County Transportat  | tion Committ   | ee        |   |                     |                                 |  | Date             |                             |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is require   | ed in accordance  | e with Title   | 20. Chapter 1    | 0. Part 1. MCA              | A. School                 | district offic | cial must complete                                      | one form for e    | ach bus route that          |  |
|--|---|----------------|------------------|-----------------------------|---------------------------|----------------|---|-------------------|-----------------------------|--|
| receives state reim  |   |                |                  |                             |                           |                |   |                   | Rate Per Mile               |  |
|  | Due Dates:  |                |                  |                             | County Su                 | pt             | To OPI  |                   |                             |  |
|  | All Routes  |                |                  | Ocio                        | ober 1                    |                | October 15  |                   | \$0.95                      |  |
| County Name  |   |                | County           | Number                      | Distri                    | ct Name        |   |                   | Legal Entity Number         |  |
| Missoula   |   |                | 32               |                             |                           |                | K-12 Schools  |                   | 0599                        |  |
| Route #  | L   | ength of R     | oute (miles pe   | r day)                      | Туре                      | of Service     | <ul><li>□ Bus Route Mi</li><li>□ Non Bus Mile</li></ul> | J                 | Rated Capacity              |  |
| SE18B  | 6   | 5.8            |                  |                             | Bus                       | Route M        | 1ileage   | Ŭ                 | 30                          |  |
| Vehicle I.D. # License #   |   |                |                  |                             |                           | ict Owned      | [<br>Name of Owner                                      | District Owr      | ied                         |  |
| 8036   |   | 613            |                  |                             |                           | racted rate    | ,   |                   |                             |  |
| Reimbursement Di   | stribution- Enter   | the legal e    | entity number    |                             | e of state/<br>natch budg |                | nbursement to be p                                      | aid to each dis   | strict. Note: Percentages   |  |
| Legal Entity   |   | Legal          | Entity           | mastm                       |                           | Entity         |   | Legal Enti        | ty                          |  |
| 0599   |   |                |                  |                             |                           |                |   |                   |                             |  |
| % 100.00   | )   | %              |                  |                             | %                         |                |   | %                 |                             |  |
| PASSENGER INF  | ORMATION  |                |                  |                             |                           | 1              |   |                   |                             |  |
| Number of Preschoriding this route   | ool/Kindergarten  | n pupils       |                  | ENTARY RIDE<br>Grades PK-8) | ERS                       |                | HIGH SCHOOL R<br>(Grades 9-12                           |                   | TOTAL<br>ELIGIBLE RIDERS    |  |
|  |   |                |                  | а                           |                           |                | b   |                   | С                           |  |
| Regular (include eligi   | ble Preschool/Kind  | l<br>dergarten |                  | NUMBER                      |                           |                | NUMBER  |                   | a + b                       |  |
| riders) 1st Wheelchair (WC)  |   |                |                  |                             |                           |                |   |                   |                             |  |
| 2nd Wheelchair (WC)  |   |                |                  |                             |                           |                |   |                   |                             |  |
| Additional Wheelchai   |   |                |                  |                             |                           |                |   |                   |                             |  |
| Non-WC IEP Lists Tra   |   | rvice          |                  |                             |                           |                |   |                   |                             |  |
| TOTAL ELIGIBLE   | RIDERS  |                |                  |                             |                           |                |   |                   |                             |  |
| Ineligible Public Scho   |   |                |                  |                             |                           |                |   |                   |                             |  |
| miles OR nonresiden agreement)   |   |                |                  |                             |                           |                |   |                   |                             |  |
| (Include ineligible Pre<br>Nonpublic School Ric  |   | en riders)     |                  |                             |                           |                |   |                   |                             |  |
| TOTAL RIDERS   |   |                |                  |                             |                           |                |   |                   |                             |  |
|  | that this bus will o  | perate entire  | ely on the route | established by the          | e Board of                | Trustees and   | d within the transporta                                 | tion area assign  | ed and approved by the      |  |
| We agree to super  | rvision of this bus   | and bus rou    | e by the State S | Superintendent; to          | o make suc                | h reports to   |   | ent and County    | Superintendent as are       |  |
| Superintendent; and  | to provide a licens   | ed, qualified  | and approved of  | Iriver to operate s         | such vehicle              | e as required  | lucation, the Montana<br>d by 20-10-103, MCA.           | Highway Patrol    | and the State               |  |
|  |   |                |                  |                             |                           |                |   | olding of state a | nd county reimbursement for |  |
|  | this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by  |                |                  |                             |                           |                |   |                   |                             |  |
|  | the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in |                |                  |                             |                           |                |   |                   |                             |  |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |   |                |                  |                             |                           |                |   |                   |                             |  |
|  | e route as appro  |                |                  |                             |                           |                | by the County Tran                                      |                   |                             |  |
| oignature - Chair, Bo  | aru Ur Frusiees   |                |                  |                             |                           |                |   | Date              |                             |  |
| This Application C   |   |                |                  |                             |                           |                | ance with Section                                       |                   |                             |  |
| area assigned to it  |   |                |                  |                             | nas been                  | reviewed       | and recruity that the                                   | s ous operates    | within the transportation   |  |
| Signature - Chair, Co  | unty Transportatio  | n Committe     | 9                |                             |                           |                |   | Date              |                             |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |                          |                   |                                 |  |  | plete one form for e | each bus route that        |  |  |  |
|---|--------------------------|-------------------|---------------------------------|--|--|----------------------|----------------------------|--|--|--|
| <b>Due Dates</b><br>All Routes  |                          |                   |                                 | County Su<br>tober 1   | pt To OPI<br>October                           | 15                   | Rate Per Mile<br>\$0.95    |  |  |  |
| County Name   |                          |                   | County Number                   | Distric  | et Name  |                      | Legal Entity Number        |  |  |  |
| Missoula  |                          |                   | 32                              | Fren   | chtown K-12 Scho                               | ols                  | 0599                       |  |  |  |
| Route #   | Length of                | f Route (         | (miles per day)                 | Туре   |  | ute Mileage          | Rated Capacity             |  |  |  |
| SE 18a  | 6.3                      |                   |                                 | Bus  | □ Non Bu<br>Route Mileage                      | s Mileage            | 30                         |  |  |  |
| Vehicle I.D. #  | Vehicle I.D. # License # |                   |                                 |  | ct Owned                                       | District Ow          | ned                        |  |  |  |
| 8036 613  |                          |                   |                                 | □ Contract - If so, Name of Owner     □ Contracted rate per mile |  |                      |                            |  |  |  |
| Reimbursement Distribution- En  | iter the leg             | al entity         |                                 | ge of state/o  |  | o be paid to each d  | istrict. Note: Percentages |  |  |  |
| Legal Entity  |                          |                   |                                 | Legal  |  | Legal Ent            | ity                        |  |  |  |
| 0399  | 0599                     |                   |                                 |  |  |                      |                            |  |  |  |
| % 100.00  | ,                        | %                 |                                 | %  |  | %                    |                            |  |  |  |
| PASSENGER INFORMATION   |                          |                   |                                 | EDC  | HIGH COHO                                      | OL DIDEDO            | TOTAL                      |  |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupils               |                   | ELEMENTARY RID<br>(Grades PK-8) |  | HIGH SCHC<br>(Grade                            |                      | TOTAL<br>ELIGIBLE RIDERS   |  |  |  |
|   |                          |                   | a<br>NUMBER                     |  | k<br>NUM                                       |                      | c<br>a + b                 |  |  |  |
| Regular (include eligible Preschool/Kindergarten riders)  |                          |                   | NOMBER                          |  | 14010  | BEIX                 | u · b                      |  |  |  |
| 1st Wheelchair (WC)   |                          |                   |                                 |  |  |                      |                            |  |  |  |
| 2nd Wheelchair (WC)   |                          |                   |                                 |  |  |                      |                            |  |  |  |
| Additional Wheelchairs (WC)   |                          |                   |                                 |  |  |                      |                            |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service                  |                   |                                 |  |  |                      |                            |  |  |  |
| TOTAL ELIGIBLE RIDERS   |                          |                   |                                 |  |  |                      |                            |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)   | ance                     | )                 |                                 |  |  |                      |                            |  |  |  |
| TOTAL RIDERS  |                          |                   |                                 |  |  |                      |                            |  |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                          |                   |                                 |  |  |                      |                            |  |  |  |
| Signature - Chair, Board of Trustees  |                          |                   |                                 |  |  | Date                 |                            |  |  |  |
| This Application for Registration area assigned to it by the Count  | of School<br>ty Transpo  | Bus and rtation C | d State Reimbursemen            |  | n accordance with Sereviewed and I certify the | nat this bus operate |                            |  |  |  |
| Signature - Chair, County Transporta  | ation Commi              | ittee             |                                 | _  |  | Date                 |                            |  |  |  |



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  Due Dates All Routes   | ven thoug<br>s: |            | ortees of another legal e  |   | ilize the service | o OPI                     |             | ach bus route that<br>Rate Per Mile<br>\$1.80 |
|---|-----------------|------------|----------------------------|---|-------------------|---------------------------|-------------|---|
| County Name   |                 |            | County Number              | District Name  Frenchtown K-12 Schools  Type of Service |                   |                           |             | Legal Entity Number                           |
| Missoula  |                 |            | 32                         | Frenc   | htown K-12        | Schools                   |             | 0599  |
| Route #   | Length o        | of Route   | (miles per day)            |   | Service   B       | Bus Route Mile            |             | Rated Capacity                                |
| 9   | 18.6            |            |                            | Bus R   |                   |                           | ige         | 84  |
| Vehicle I.D. # License #  |                 |            |                            | □ District  | Owned             | D                         | istrict Own | ed  |
| 9076 766  |                 |            |                            |   | ,                 |                           |             |   |
| Reimbursement Distribution- Er  |                 |            |                            | ment to be pa   | aid to each dis   | strict. Note: Percentages |             |   |
| Legal Entity Legal E 0599   |                 |            |                            |   | ch budget!        |                           |             | y .   |
| % 100.00 %  |                 |            |                            | %   |                   |                           | %           |   |
| PASSENGER INFORMATION   |                 |            | ELEMENTARY RIDE            | :DC   | шсп               | SCHOOL BIL                | )EBS        | TOTAL   |
| Number of Preschool/Kindergar riding this route   | ten pupils      |            | (Grades PK-8)              | :KS   |                   |                           |             | ELIGIBLE RIDERS                               |
|   |                 |            | a<br>NUMBER                |   |                   |                           |             | c<br>a + b                                    |
| Regular (include eligible Preschool/liriders)   |                 |            |                            | -   |                   |                           |             |   |
| 1st Wheelchair (WC)   |                 |            |                            |   |                   |                           |             |   |
| 2nd Wheelchair (WC)   |                 |            |                            |   |                   |                           |             |   |
| Additional Wheelchairs (WC)   |                 |            |                            |   |                   |                           |             |   |
| Non-WC IEP Lists Trans as Related   | Service         |            |                            |   |                   |                           |             |   |
| TOTAL ELIGIBLE RIDERS   |                 |            |                            |   |                   |                           |             |   |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |                 |            |                            |   |                   |                           |             |   |
| agreement) (Include ineligible Preschool/Kinderg  |                 | s)         |                            |   |                   |                           |             |   |
| Nonpublic School Riders (ineligible)  |                 |            |                            |   |                   |                           |             |   |
| TOTAL RIDERS  |                 |            |                            |   |                   |                           |             |   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                 |            |                            |   |                   |                           |             |   |
| Signature - Chair, Board of Trustees  |                 | , and Will | iiii iio iiansportation se | vice alta d   | ooigned by tile   | Journey Halls             | Date        | minuco.                                       |
|   | _               |            |                            |   |                   |                           |             |   |
| County This Application for Registration area assigned to it by the County  | of Schoo        | I Bus and  |                            |   |                   |                           |             |   |
| Signature - Chair, County Transport   | ation Comm      | nittee     |                            |   |                   |                           | Date        |   |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |   |           |                         |                       |                              |                             | one form for e  | ach bus route that   |  |  |
|---|---|-----------|-------------------------|-----------------------|------------------------------|-----------------------------|-----------------|--|--|--|
| receives state reimbursement e  | veri triougi                                  | ı ıranspı | •                       | , ,                   |                              |                             |                 | Rate Per Mile  |  |  |
| <b>Due Dates</b><br>All Routes  |   |           | To Co<br>Octob          | ounty Supt<br>per 1   | t                            | <b>To OPI</b><br>October 15 |                 | \$0.95   |  |  |
| County Name   |   |           | County Number           | District              | Name                         |                             |                 | Legal Entity Number  |  |  |
| Missoula  |   |           | 32                      | Frenc                 | htown K-                     | -12 Schools                 |                 | 0599   |  |  |
| Route #   | Length o                                      | f Route   | (miles per day)         |                       | f Service                    | □ Bus Route Mil             |                 | Rated Capacity   |  |  |
| SE 18   | 20.7  |           |                         | Bus R                 | Route Mile                   | ☐ Non Bus Milea             | age             | 30   |  |  |
| Vehicle I.D. #  |   | ense #    |                         | □ District            | Owned                        |                             | District Own    |  |  |  |
| 8036  | 613   |           |                         |                       | ct - If so, N<br>cted rate p | lame of Owner<br>er mile    |                 |  |  |  |
| Reimbursement Distribution- Er  | nter the leg                                  | al entity |                         |                       |                              | ursement to be pa           | aid to each dis | strict. Note: Percentages  |  |  |
| Legal Entity Legal Entit  |   |           |                         | tch budget<br>Legal E |                              |                             | Legal Enti      | Rate Per Mile \$0.95  Legal Entity Number 0599 Rated Capacity 30  Owned  h district. Note: Percentages Entity  TOTAL ELIGIBLE RIDERS  c a + b  c a + b  esigned and approved by the MCA. unty Superintendent as are atrol and the State  ate and county reimbursement for a, 20-10-126(2) MCA, signed by ansportation Committee in lowledge and belief, and the accommittee. |  |  |
| 0599  |   |           |                         |                       | -                            |                             |                 |  |  |  |
| 9/ 100.00   |   | 0/        |                         | 0/                    |                              |                             | 0/              |  |  |  |
| PASSENGER INFORMATION   | % 100.00 %                                    |           |                         | %                     |                              |                             | %               | to each district. Note: Percentages  Legal Entity  %  RS TOTAL ELIGIBLE RIDERS  c  |  |  |
|   | ton nunile                                    |           | ELEMENTARY RIDE         | RS                    | Н                            | IGH SCHOOL RI               |                 |  |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupiis                                    |           | (Grades PK-8)           |                       |                              | (Grades 9-12                | )               | ELIGIBLE RIDERS  |  |  |
|   |   |           | a                       |                       |                              | b                           |                 | C  |  |  |
| Pagular (include eligible Preschool/k   | ular (include eligible Preschool/Kindergarten |           |                         |                       |                              |                             |                 |  |  |  |
| riders)   | Mildergarter                                  | <u>'</u>  |                         |                       |                              |                             |                 |  |  |  |
| 1st Wheelchair (WC)   |   |           |                         |                       |                              |                             |                 |  |  |  |
| 2nd Wheelchair (WC)   |   |           |                         |                       |                              |                             |                 |  |  |  |
| Additional Wheelchairs (WC)   |   |           |                         |                       |                              |                             |                 |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service                                       |           |                         |                       |                              |                             |                 |  |  |  |
| TOTAL ELIGIBLE RIDERS   |   |           |                         |                       |                              |                             |                 |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |   |           |                         |                       |                              |                             |                 |  |  |  |
| agreement) (Include ineligible Preschool/Kinderc  |   | .)        |                         |                       |                              |                             |                 |  |  |  |
| Nonpublic School Riders (ineligible)  | ,   | 7         |                         |                       |                              |                             |                 |  |  |  |
| TOTAL RIDERS  |   |           |                         |                       |                              |                             |                 |  |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |   |           |                         |                       |                              |                             |                 | A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the   |  |  |
|   |   |           |                         |                       |                              |                             |                 |  |  |  |
|   |   |           | ommittee Approval as re |                       |                              |                             |                 |  |  |  |
| area assigned to it by the Count  | ty Transpo                                    | rtation C |                         | ias neeli le          | oviewed and                  | u i ceruiy ulat this        |                 | within the transportation  |  |  |
| Signature - Chair, County Transport   | ation Comm                                    | ittee     |                         |                       |                              |                             | Date            |  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|  | This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. |           |                                  |                    |  |                   |                           |  |  |  |  |
|--|---|-----------|----------------------------------|--------------------|--|-------------------|---------------------------|--|--|--|--|
|  | ŭ   | папърс    | · ·                              | , ,                |  |                   | Rate Per Mile             |  |  |  |  |
| <b>Due Dates</b><br>All Routes   | <b>31</b>   |           | Octo                             | ounty Sup<br>ber 1 | t To OPI<br>October 15                         | j                 | \$1.57                    |  |  |  |  |
| County Name  |   |           | County Number                    | District           | Name   |                   | Legal Entity Number       |  |  |  |  |
| Missoula   |   |           | 32                               | Frenc              | htown K-12 Schools                             | 3                 | 0599                      |  |  |  |  |
| Route #  | Length of   | Route     | (miles per day)                  | Type of            | f Service ☐ Bus Route                          |                   | Rated Capacity            |  |  |  |  |
| 14   | 95  |           |                                  | Bus R              | □ Non Bus Mileage Bus Route Mileage 72         |                   |                           |  |  |  |  |
| Vehicle I.D. #   | Licer   | ise#      |                                  | □ District         |  | District Owr      | ned                       |  |  |  |  |
| 7000 494   |   |           |                                  |                    | ct - If so, Name of Owne<br>cted rate per mile | ·r<br>            |                           |  |  |  |  |
| Reimbursement Distribution- En   | ter the lega  | l entity  |                                  | of state/co        |  | e paid to each di | strict. Note: Percentages |  |  |  |  |
| Legal Entity   | Lega  | al Entity |                                  | Legal E            |  | Legal Enti        | ty                        |  |  |  |  |
| 0599   |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| % 100.00   | %   | ,<br>D    |                                  | %                  |  |                   |                           |  |  |  |  |
| PASSENGER INFORMATION  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| Number of Preschool/Kindergart   | en pupils   |           | ELEMENTARY RIDE<br>(Grades PK-8) | RS                 | HIGH SCHOOL<br>(Grades 9                       |                   | TOTAL<br>ELIGIBLE RIDERS  |  |  |  |  |
| riding this route  | <u> </u>  |           | , ,                              |                    | ,  | ,                 |                           |  |  |  |  |
|  |   |           | a                                |                    | b  |                   | C                         |  |  |  |  |
| Regular (include eligible Preschool/K  | indergarten   |           | NUMBER                           |                    | NUMBE  | <u>:</u> K        | a + b                     |  |  |  |  |
| riders) 1st Wheelchair (WC)  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| 2nd Wheelchair (WC)  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| Additional Wheelchairs (WC)  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| Non-WC IEP Lists Trans as Related  | Service   |           |                                  |                    |  |                   |                           |  |  |  |  |
| TOTAL ELIGIBLE RIDERS  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| agreement) (Include ineligible Preschool/Kinderga  |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| Nonpublic School Riders (ineligible)   | arterr riders)  |           |                                  |                    |  |                   |                           |  |  |  |  |
| TOTAL RIDERS   |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement fo this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |   |           |                                  |                    |  |                   |                           |  |  |  |  |
| County T This Application for Registration area assigned to it by the County   | of School E   | Bus and   |                                  |                    |  |                   |                           |  |  |  |  |
| Signature - Chair, County Transporta   |   |           | John Million                     |                    |  | Date              |                           |  |  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| receives state reimbursement e  |            |              |                         |           |             |                             |                             |                 |                           |
|---|------------|--------------|-------------------------|-----------|-------------|-----------------------------|-----------------------------|-----------------|---------------------------|
| Due Dates   | s:         |              |                         | To Cou    | nty Supt    |                             | To OPI                      |                 | Rate Per Mile             |
| All Routes  |            |              |                         | Octobe    |             |                             | October 15                  |                 | \$0.95                    |
| County Name   |            |              | County Number           | r         | District Na | ame                         |                             |                 | Legal Entity Number       |
| Missoula  |            |              | 32                      |           | Frencht     | own K-12                    | 2 Schools                   |                 | 0599                      |
| Route #   | Leng       | gth of Route | (miles per day)         |           | Type of S   |                             | Bus Route Mil               | •               | Rated Capacity            |
| SE 17   | 52         |              |                         |           | Bus Roi     | ute Milea                   | Non Bus Milea               | age             | 30                        |
| Vehicle I.D. #  |            | License #    |                         |           | District O  | wned                        |                             | District Own    | ied                       |
| 8036  |            | 613          |                         |           |             | - If so, Nan<br>ed rate per | ne of Owner<br>mile         |                 |                           |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county remust match budget!   |            |              |                         |           |             |                             | sement to be pa             | aid to each dis | strict. Note: Percentages |
| Legal Entity  |            | Legal Entit  |                         | nust mate | Legal Enti  | ty                          |                             | Legal Entit     | ty                        |
| 0599  |            |              |                         |           |             |                             |                             |                 |                           |
| % 100.00  | % 100.00 % |              |                         |           | %           |                             |                             | %               |                           |
| PASSENGER INFORMATION   |            |              |                         |           |             |                             |                             |                 |                           |
| Number of Preschool/Kindergar riding this route   | ten pu     | ıpils        | ELEMENTAR`<br>(Grades I |           | 5           | HIG                         | H SCHOOL RI<br>(Grades 9-12 |                 | TOTAL<br>ELIGIBLE RIDERS  |
|   |            |              |                         | ER        |             |                             | b<br>NUMBER                 |                 | c<br>a + b                |
| Regular (include eligible Preschool/hriders)  |            |              |                         |           |             |                             |                             |                 |                           |
| 1st Wheelchair (WC)   |            |              |                         |           |             |                             |                             |                 |                           |
| 2nd Wheelchair (WC)   |            |              |                         |           |             |                             |                             |                 |                           |
| Additional Wheelchairs (WC)   |            |              |                         |           |             |                             |                             |                 |                           |
| Non-WC IEP Lists Trans as Related   | Servic     | е            |                         |           |             |                             |                             |                 |                           |
| TOTAL ELIGIBLE RIDERS   |            |              |                         |           |             |                             |                             |                 |                           |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend   |            | 3            |                         |           |             |                             |                             |                 |                           |
| agreement) (Include ineligible Preschool/Kinderg  | arten r    | riders)      |                         |           |             |                             |                             |                 |                           |
| Nonpublic School Riders (ineligible)  |            |              |                         |           |             |                             |                             |                 |                           |
| TOTAL RIDERS  |            |              |                         |           |             |                             |                             |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |            |              |                         |           |             |                             |                             |                 |                           |
|   |            |              | ommittee Approv         |           |             |                             |                             |                 |                           |
| This Application for Registration<br>area assigned to it by the Count   |            |              |                         | ement ha  | s been revi | ewed and I                  | certify that this           | bus operates    | within the transportation |
| Signature - Chair, County Transporta  | ation C    | ommittee     |                         |           |             |                             |                             | Date            |                           |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This fames is required in assert   | ا مادان د محمد ا  | T:H= 20 (    | Chantar 40 Dart 4 MCA            | Cabaal di                           | atuiat afficial mount communists                    |                    |                             |  |  |  |
|--|---|--------------|----------------------------------|-------------------------------------|---|--------------------|-----------------------------|--|--|--|
| This form is required in accord receives state reimbursement   |   |              |                                  |                                     |   |                    |                             |  |  |  |
| Due Dat  | tes:  |              | To C                             | ounty Sup                           | t To OPI  |                    | Rate Per Mile               |  |  |  |
| All Route  | es  |              | Octo                             | ber 1                               | October 15  |                    | \$1.80                      |  |  |  |
| County Name  |   |              | County Number                    | District                            | Name  |                    | Legal Entity Number         |  |  |  |
| Missoula   |   |              | 32                               | Frenc                               | htown K-12 Schools                                  |                    | 0599                        |  |  |  |
| Route #  | Route # Length of Route (miles per day)   |              |                                  | Type of Service ☐ Bus Route Mileage |   |                    | Rated Capacity              |  |  |  |
| 5  | 50.8  |              |                                  | Bus R                               | □ Non Bus Mile<br>Soute Mileage                     | age                | 84                          |  |  |  |
| Vehicle I.D. #   | cense #   |              | □ District Owned Dist            |                                     |   | ed                 |                             |  |  |  |
| 7661 1006  |   |              |                                  |                                     | ct - If so, Name of Owner cted rate per mile        |                    |                             |  |  |  |
| Reimbursement Distribution- I  | Enter the le  | gal entity   |                                  |                                     |   | aid to each dis    | trict. Note: Percentages    |  |  |  |
| Legal Entity Legal   |   |              |                                  | atch budget<br>Legal E              |   | Legal Entit        | у                           |  |  |  |
| 0599   |   |              |                                  |                                     |   |                    |                             |  |  |  |
| % 100.00 %   |   |              |                                  | %                                   |   | %                  |                             |  |  |  |
| PASSENGER INFORMATION  | N   | 70           |                                  | ,,,                                 |   | 7,0                |                             |  |  |  |
| Number of Preschool/Kindergarten pupils  |   |              | ELEMENTARY RIDE<br>(Grades PK-8) | RS                                  | HIGH SCHOOL R<br>(Grades 9-12                       |                    | TOTAL<br>ELIGIBLE RIDERS    |  |  |  |
| riding this route  |   |              | , ,                              |                                     | ,   | •                  |                             |  |  |  |
|  | a<br>NUMBER   |              |                                  |                                     | b<br>NUMBER   |                    | c<br>a + b                  |  |  |  |
| Regular (include eligible Preschool/Kindergarten riders)   |   |              | NOMBLIX                          |                                     | NOWIDER   |                    | a i b                       |  |  |  |
| 1st Wheelchair (WC)  |   |              |                                  |                                     |   |                    |                             |  |  |  |
| 2nd Wheelchair (WC)  |   |              |                                  |                                     |   |                    |                             |  |  |  |
| Additional Wheelchairs (WC)  |   |              |                                  |                                     |   |                    |                             |  |  |  |
| Non-WC IEP Lists Trans as Relate   | ed Service  |              |                                  |                                     |   |                    |                             |  |  |  |
| TOTAL ELIGIBLE RIDERS  |   |              |                                  |                                     |   |                    |                             |  |  |  |
| Ineligible Public School Riders (i.e miles OR nonresident and no atter   |   |              |                                  |                                     |   |                    |                             |  |  |  |
| agreement) (Include ineligible Preschool/Kinde   |   | rs)          |                                  |                                     |   |                    |                             |  |  |  |
| Nonpublic School Riders (ineligible  |   |              |                                  |                                     |   |                    |                             |  |  |  |
| TOTAL RIDERS   |   |              |                                  |                                     |   |                    |                             |  |  |  |
|  |   |              |                                  |                                     | I<br>ustees and within the transporta               |                    |                             |  |  |  |
|  | bus and bus   | s route by t | the State Superintendent; to     | make such r                         | eports to the State Superintend                     | ent and County S   | Superintendent as are       |  |  |  |
| required; to provide a vehicle whic<br>Superintendent; and to provide a l  | icensed, qua  | lified and a | approved driver to operate s     | uch vehicle a                       | s required by 20-10-103, MCA.                       | Highway Patrol a   | and the State               |  |  |  |
|  |   |              |                                  |                                     | tation areas.<br>will be sufficient cause for withh | olding of state ar | nd county reimbursement for |  |  |  |
|  |   |              | •                                |                                     | t, a copy of the agreement betw                     | een Boards, 20-    | 10-126(2) MCA, signed by    |  |  |  |
| We understand route changes  | the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in |              |                                  |                                     |   |                    |                             |  |  |  |
| accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |   |              |                                  |                                     |   |                    |                             |  |  |  |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date             |   |              |                                  |                                     |   |                    |                             |  |  |  |
|  |   |              |                                  |                                     |   |                    |                             |  |  |  |
|  | County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation                   |              |                                  |                                     |   |                    |                             |  |  |  |
| area assigned to it by the Cou<br>Signature - Chair, County Transpo  | inty Transp   | ortation C   |                                  |                                     |   | Date               |                             |  |  |  |
| Giginature - Orian, County Transpo   | ntation COIII   | THILLGE      |                                  |                                     |   | Date               |                             |  |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|  |                                 |   |          | hapter 10, Part 1, MCA<br>rtees of another legal e |                                     |                                     |                           |                              | one form for e |                                   |
|--|---------------------------------|---|----------|--|-------------------------------------|-------------------------------------|---------------------------|------------------------------|----------------|-----------------------------------|
|  | <b>Due Dates:</b><br>All Routes |   |          | To C<br>Octo                                       |                                     | nty Supt                            | :                         | <b>To OPI</b><br>October 15  |                | Rate Per Mile<br>\$1.80           |
| County Name  |                                 |   |          | County Number                                      |                                     | District                            | Name                      |                              |                | Legal Entity Number               |
| Missoula   |                                 |   |          | 32   |                                     | Frenchtown K-12 Schools             |                           |                              |                | 0599                              |
| Route # Length of Route (miles per da  |                                 |   |          | miles per day)                                     | Type of Service □ Bus Route Mileage |                                     |                           |                              | U              | Rated Capacity                    |
| 1 56.2 Vehicle I.D. # License #  |                                 |   |          |  |                                     | □ Non Bus Mileage Bus Route Mileage |                           |                              |                | 84                                |
| Vehicle I.D. #   |                                 | ☐ District Owned ☐ District Owned ☐ Contract - If so, Name of Owner |          |  |                                     |                                     | ned                       |                              |                |                                   |
| 8031 661   |                                 |   |          |  |                                     |                                     | cted rate pe              |                              |                |                                   |
| Reimbursement Di   |                                 |   | state/co |  | ursement to be p                    | aid to each di                      | strict. Note: Percentages |                              |                |                                   |
| Legal Entity Legal Entity 0599   |                                 |   |          | iatoi  | Legal E                             |                                     |                           | Legal Enti                   | ty             |                                   |
| % 100.00 %   |                                 |   |          |  | %                                   |                                     |                           | %                            |                |                                   |
| PASSENGER INF  |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
| Number of Preschoriding this route   | ool/Kindergarte                 | en pupils   |          | ELEMENTARY RIDE<br>(Grades PK-8)                   | ERS                                 | •                                   | HI<br>                    | GH SCHOOL RI<br>(Grades 9-12 |                | TOTAL<br>ELIGIBLE RIDERS          |
|  |                                 |   | a        |  |                                     | b<br>NUMBER                         |                           |                              | C .            |                                   |
| Regular (include eligible Preschool/Kindergarten   |                                 |   |          | NUMBER   | MBER NUMB                           |                                     |                           | NUMBER                       |                | a + b                             |
| riders) 1st Wheelchair (WC)  |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
| 2nd Wheelchair (WC   | )                               |   |          |  |                                     |                                     |                           |                              |                |                                   |
| Additional Wheelchai   | irs (WC)                        |   |          |  |                                     |                                     |                           |                              |                |                                   |
| Non-WC IEP Lists Tr  | ans as Related S                | Service   |          |  |                                     |                                     |                           |                              |                |                                   |
| TOTAL ELIGIBLE   | RIDERS                          |   |          |  |                                     |                                     |                           |                              |                |                                   |
| Ineligible Public Scho   |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
| agreement) (Include ineligible Pre Nonpublic School Ric  |                                 | rten riders)  |          |  |                                     |                                     |                           |                              |                |                                   |
| ·  | ders (mengible)                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
| TOTAL RIDERS   |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
| We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
|  |                                 |   |          |  |                                     |                                     |                           |                              |                | edge and belief, and the mmittee. |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date   |                                 |   |          |  |                                     |                                     |                           |                              |                |                                   |
|  | County Tr                       | ansportatio   | n Co     | mmittee Approval as ı                              | rea                                 | uired in                            | accordano                 | e with Section               | <br>           | <u>.</u>                          |
|  | r Registration of               | of School Bu  | ıs and   | State Reimbursement                                |                                     |                                     |                           |                              |                | s within the transportation       |
| area assigned to it<br>Signature - Chair, Co   |                                 |   |          | эттицее.   |                                     |                                     |                           |                              | Date           |                                   |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is require   | ed in accordance                                 | with Title | 20, Chapter 10, Part  | 1. MCA.   | School dis   | strict official         | must complete of            | one form for e | ach bus route that             |
|--|--|------------|-----------------------|---|--|-------------------------|-----------------------------|----------------|--------------------------------|
|  |  |            | insportees of another |   |  |                         |                             |                | Rate Per Mile                  |
|  | <b>Due Dates:</b><br>All Routes                  |            |                       | To Co<br>Octob  | unty Supt  | :                       | To OPI<br>October 15        |                | \$1.80                         |
|  | All Noutes                                       |            |                       | OCIOD   | GI I   |                         | October 13                  |                | ψ1.00                          |
| County Name  |  |            | County Numbe          | r   | District   | Name                    |                             |                | Legal Entity Number            |
| Missoula   | T .  |            | 32                    |   |  | Frenchtown K-12 Schools |                             |                | 0599                           |
| Route # Length of Route (miles per day)  |  |            |                       | Type of Service ☐ Bus Route Mileage ☐ Non Bus Mileage |  |                         | 0                           | Rated Capacity |                                |
| 10 34.2  |  |            |                       | -   | Bus R  | oute Milea              | age                         | J              | 84                             |
| Vehicle I.D. # License #   |  |            |                       | "   | ☐ District Owned☐ Contract - If so, Name of Owner☐ |                         |                             |                |                                |
| 7999 1120  |  |            |                       |   | □ Contra   | cted rate per           | r mile                      |                |                                |
| Reimbursement Di   |  |            | of state/co           |   | rsement to be pa                                   | aid to each dis         | strict. Note: Percentages   |                |                                |
| Legal Entity Legal Entity  |  |            |                       | naot mat  | Legal E  |                         |                             | Legal Entit    | ty                             |
| 0599   |  |            |                       |   |  |                         |                             |                |                                |
| % 100.00 %   |  |            |                       |   | %  |                         |                             | %              |                                |
| PASSENGER INFO   | ORMATION   |            | E1 E1 1E1 1E1 E       | V 515 55  |  | 1                       |                             |                |                                |
| Number of Preschoriding this route   | ool/Kindergarten                                 | pupils     | ELEMENTAR<br>(Grades  |   | RS   | HIC                     | GH SCHOOL RI<br>Grades 9-12 |                | TOTAL<br>ELIGIBLE RIDERS       |
|  |  |            | a<br>NUMBER           |   |  | b<br>NUMBER             |                             |                | c<br>a + b                     |
|  | Regular (include eligible Preschool/Kindergarten |            |                       | DER   |  |                         | NUMBER                      |                | аты                            |
| riders) 1st Wheelchair (WC)  |  |            |                       |   |  |                         |                             |                |                                |
| 2nd Wheelchair (WC)  | )  |            |                       |   |  |                         |                             |                |                                |
| Additional Wheelchair  | rs (WC)  |            |                       |   |  |                         |                             |                |                                |
| Non-WC IEP Lists Tra   | ans as Related Serv                              | vice       |                       |   |  |                         |                             |                |                                |
| TOTAL ELIGIBLE   | RIDERS   |            |                       |   |  |                         |                             |                |                                |
| Ineligible Public Scho<br>miles OR nonresiden  |  |            |                       |   |  |                         |                             |                |                                |
| agreement)<br>(Include ineligible Pre  |  | en riders) |                       |   |  |                         |                             |                |                                |
| Nonpublic School Rid   | lers (ineligible)                                |            |                       |   |  |                         |                             |                |                                |
| TOTAL RIDERS   |  |            |                       |   |  |                         |                             |                |                                |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the |  |            |                       |   |  |                         |                             |                |                                |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date   |  |            |                       |   |  |                         |                             |                |                                |
| J.g. Line Officer, DO  |  |            |                       |   |  |                         |                             |                |                                |
| This Application for area assigned to it   | r Registration of S                              | School Bus |                       |   |  |                         |                             |                | CA. swithin the transportation |
| Signature - Chair, Co  |  |            |                       |   |  |                         |                             | Date           |                                |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is requir   | ed in accordan  | nce with Title | e 20, 0         | Chapter 10, Part 1, MCA          | . School d                           | istrict official        | must complete                | one form for e  | ach bus route that        |
|---|---|----------------|-----------------|----------------------------------|--------------------------------------|-------------------------|------------------------------|-----------------|---------------------------|
| receives state rein   | Due Dates All Routes  | •              | transpo         |                                  | entity may u<br>County Sup<br>Ober 1 |                         | To OPI<br>October 15         |                 | Rate Per Mile<br>\$0.95   |
| County Name   |   |                |                 | County Number                    | Distric                              | Name                    |                              |                 | Legal Entity Number       |
| Missoula  |   |                |                 | 32                               | Frenc                                | Frenchtown K-12 Schools |                              |                 | 0599                      |
| Route # Length of Route (miles  |   |                | (miles per day) | Type o                           | Type of Service ☐ Bus Route Mil      |                         |                              | Rated Capacity  |                           |
| SE 16 72.8  |   |                |                 |                                  | Bus f                                | Route Mile              | age                          | ŭ               | 20                        |
| Vehicle I.D. # License #  |   |                |                 |                                  | □ Distric                            |                         | Ime of Owner                 | District Owr    | ned                       |
| 3877 1124   |   |                | 4               |                                  |                                      | acted rate pe           |                              |                 |                           |
| Reimbursement Distribution- Enter the legal e   |   |                |                 |                                  | e of state/c                         |                         | rsement to be pa             | aid to each dis | strict. Note: Percentages |
| Legal Entity Legal E 0599   |   |                | l Entity        |                                  | Legal I                              |                         |                              | Legal Enti      | ty                        |
| % 100.00 %  |   |                | )               |                                  | %                                    |                         |                              | %               |                           |
| PASSENGER INF   | ORMATION  | _              |                 |                                  |                                      | T                       |                              |                 |                           |
| Number of Preschool/Kindergarten pupils riding this route   |   |                |                 | ELEMENTARY RIDE<br>(Grades PK-8) | ERS                                  | HI                      | GH SCHOOL RI<br>(Grades 9-12 |                 | TOTAL<br>ELIGIBLE RIDERS  |
|   | NI  |                |                 | a<br>NUMBER                      |                                      |                         |                              |                 | c<br>a+b                  |
| Regular (include eligible Preschool/Kindergarten riders)  |   |                |                 | NOMBER                           |                                      |                         | NOMBLIC                      |                 | a + 5                     |
| 1st Wheelchair (WC)   |   |                |                 |                                  |                                      |                         |                              |                 |                           |
| 2nd Wheelchair (WC  | ;)  |                |                 |                                  |                                      |                         |                              |                 |                           |
| Additional Wheelcha   | irs (WC)  |                |                 |                                  |                                      |                         |                              |                 |                           |
| Non-WC IEP Lists Tr   | rans as Related S   | Service        |                 |                                  |                                      |                         |                              |                 |                           |
| TOTAL ELIGIBLE  | RIDERS  |                |                 |                                  |                                      |                         |                              |                 |                           |
| Ineligible Public Scho<br>miles OR nonresider<br>agreement)<br>(Include ineligible Pro  | nt and no attenda   | ance           |                 |                                  |                                      |                         |                              |                 |                           |
| Nonpublic School Ric  |   | arten nuers)   |                 |                                  |                                      |                         |                              |                 |                           |
| TOTAL RIDERS  |   |                |                 |                                  |                                      |                         |                              |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |   |                |                 |                                  |                                      |                         |                              |                 |                           |
| Signature - Chair, Board of Hustees   |   |                |                 |                                  |                                      |                         |                              |                 |                           |
|   | County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. |                |                 |                                  |                                      |                         |                              |                 |                           |
| Signature - Chair, County Transportation Committee  Date  |   |                |                 |                                  |                                      |                         |                              |                 |                           |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |   |                                  |                   |  |                 |                           |  |  |
|---|---|----------------------------------|-------------------|--|-----------------|---------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |   |                                  | County Suprober 1 | t To OPI<br>October 15   |                 | Rate Per Mile<br>\$1.80   |  |  |
| County Name   |   | County Number                    | District          | Name   |                 | Legal Entity Number       |  |  |
| Missoula  |   | 32                               |                   | htown K-12 Schools   |                 | 0599                      |  |  |
| Route #   | Coute # Length of Route (miles per day) |                                  |                   | f Service □ Bus Route Mi<br>□ Non Bus Mile                                       | J               | Rated Capacity            |  |  |
| 4 64.4  |   |                                  |                   | Route Mileage  | Ū               | 84                        |  |  |
| Vehicle I.D. # License # 2907 1244  |   |                                  |                   | t Owned L<br>ct - If so, Name of Owner<br>cted rate per mile                     | District Own    | ed                        |  |  |
| Reimbursement Distribution- En  | iter the legal entit                    |                                  | e of state/co     | unty reimbursement to be p   | aid to each dis | strict. Note: Percentages |  |  |
| Legal Entity 0599  Legal Entity   |   |                                  | Legal E           |  | Legal Entit     | у                         |  |  |
| % 100.00  |   | %                                |                   | %  |                 |                           |  |  |
| PASSENGER INFORMATION   |   |                                  |                   |  |                 |                           |  |  |
| Number of Preschool/Kindergar riding this route   | ten pupils                              | ELEMENTARY RIDE<br>(Grades PK-8) | ERS               | HIGH SCHOOL RI<br>(Grades 9-12   |                 | TOTAL<br>ELIGIBLE RIDERS  |  |  |
|   | a<br>NUMBER                             |                                  | b<br>NUMBER       |  | c<br>a + b      |                           |  |  |
| Regular (include eligible Preschool/hriders)  |   |                                  |                   |  |                 |                           |  |  |
| 1st Wheelchair (WC)   |   |                                  |                   |  |                 |                           |  |  |
| 2nd Wheelchair (WC)   |   |                                  |                   |  |                 |                           |  |  |
| Additional Wheelchairs (WC)   |   |                                  |                   |  |                 |                           |  |  |
| Non-WC IEP Lists Trans as Related   | Service                                 |                                  |                   |  |                 |                           |  |  |
| TOTAL ELIGIBLE RIDERS   |   |                                  |                   |  |                 |                           |  |  |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinderg   | ance                                    |                                  |                   |  |                 |                           |  |  |
| Nonpublic School Riders (ineligible)  |   |                                  |                   |  |                 |                           |  |  |
| TOTAL RIDERS  |   |                                  |                   |  |                 |                           |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |   |                                  |                   |  |                 |                           |  |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |   |                                  |                   |  |                 |                           |  |  |
| Signature - Chair, Board of Trustees  Date  |   |                                  |                   |  |                 |                           |  |  |
| County 1 This Application for Registration area assigned to it by the Count   | of School Bus ar                        | nd State Reimbursement           |                   | accordance with Section accidence with Section accidence and I certify that this |                 |                           |  |  |
| Signature - Chair, County Transporta  |   | Date                             |                   |  |                 |                           |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|   | This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. |             |                                |                                     |          |  |                       |                          |  |  |  |
|---|---|-------------|--------------------------------|-------------------------------------|----------|--|-----------------------|--------------------------|--|--|--|
| Due Date:   |   |             | · ·                            |                                     | nty Supt |  |                       |                          | Rate Per Mile  |  |  |
| All Routes  |   |             |                                | ctober                              |          | October                                      | 15                    |                          | \$1.80   |  |  |
| County Name   |   |             | County Number                  |                                     | District | Name   |                       |                          | Legal Entity Number  |  |  |
| Missoula  |   |             | 32                             | Frenchtown K-12 Schools             |          |  | ools                  |                          | 0599   |  |  |
| Route #   | Lengt   | th of Route | (miles per day)                | Type of Service ☐ Bus Route Mil     |          |  |                       | je                       | Rated Capacity   |  |  |
| 2   | 65.6  | i           |                                | □ Non Bus Mileage Bus Route Mileage |          |  |                       |                          | 84   |  |  |
| Vehicle I.D. #  | <u> </u>  | License #   |                                |                                     | District | Owned  |                       | rict Own                 | ed   |  |  |
| 6995 387  |   |             |                                |                                     |          | ct - If so, Name of Ov<br>cted rate per mile | vner                  |                          |  |  |  |
| Reimbursement Distribution- Er  | legal entity  |             |                                | state/co                            |          | to be paid t                                 | o each dis            | trict. Note: Percentages |  |  |  |
| Legal Entity Legal Entity   |   |             |                                | matc                                | Legal E  |  | L                     | Legal Entit              | у  |  |  |
| 0599  |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| % 100.00 %  |   |             |                                |                                     | %        |  |                       | %                        |  |  |  |
| ASSENGER INFORMATION  |   |             | ELEMENT DY                     | DED-                                |          |  |                       | 20                       | TOT:::   |  |  |
| Number of Preschool/Kindergarten pupils riding this route   |   |             | ELEMENTARY RII<br>(Grades PK-8 |                                     | S .      | HIGH SCHO<br>(Grade                          | OOL RIDER<br>es 9-12) | RS                       | TOTAL<br>ELIGIBLE RIDERS   |  |  |
| -   |   |             | а                              |                                     |          | b<br>NUMBER                                  |                       | C                        |  |  |  |
|   | gular (include eligible Preschool/Kindergarten  |             |                                | NUMBER                              |          |  | IBER                  |                          | a + b  |  |  |
| riders) 1st Wheelchair (WC)   |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| 2nd Wheelchair (WC)   |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| Additional Wheelchairs (WC)   |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| Non-WC IEP Lists Trans as Related   | Service   |             |                                |                                     |          |  |                       |                          |  |  |  |
| TOTAL ELIGIBLE RIDERS   |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attended)  |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| agreement) (Include ineligible Preschool/Kinderg  | garten ric  | ders)       |                                |                                     |          |  |                       |                          |  |  |  |
| Nonpublic School Riders (ineligible)  |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| TOTAL RIDERS  |   |             |                                |                                     |          |  |                       |                          |  |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |   |             |                                |                                     |          |  |                       |                          | A. Superintendent as are and the State  and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the |  |  |
| This Application for Registration   | of Sch  | iool Bus an |                                |                                     |          |  |                       |                          |  |  |  |
| area assigned to it by the Coun<br>Signature - Chair, County Transport  |   |             | Committee.                     |                                     |          |  | Da                    | ate                      | _  |  |  |
|   |   |             |                                |                                     |          |  |                       |                          |  |  |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance receives state reimbursement events.  |               |                     |                  |  |             |                             | one form for e  | ach bus route that   |  |
|---|---------------|---------------------|------------------|--|-------------|-----------------------------|-----------------|--|--|
| receives state reimbursement ev   | ven mougn t   | ransportees or and  | -                |  |             |                             |                 | Rate Per Mile  |  |
| <b>Due Dates</b><br>All Routes  | <b>s</b> :    |                     | To Cou<br>Octobe | inty Supt<br>r 1   |             | <b>To OPI</b><br>October 15 |                 | \$1.57   |  |
| County Name   |               | County Nu           | mber             | District   | Name        |                             |                 | Legal Entity Number  |  |
| Missoula  |               | 32                  |                  | Frenchtown K-12 Schools  |             |                             |                 | 0599   |  |
| Route #   | Length of F   | Route (miles per da | ay)              | Type of Service ☐ Bus Route Mile   |             |                             |                 | Rated Capacity   |  |
| 19  | 30            |                     |                  | □ Non Bus Mileage Bus Route Mileage 72   |             |                             |                 |  |  |
| Vehicle I.D. #  | Licen         | se#                 |                  | District   | Owned       |                             | District Owr    | ied  |  |
| 4710 77   |               |                     |                  | <ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul> |             |                             |                 |  |  |
| Reimbursement Distribution- En  | ter the legal | entity number and   | percentage o     |  |             | ursement to be pa           | aid to each dis | strict. Note: Percentages  |  |
| Legal Entity Legal Entity   |               |                     | must mate        | Legal E  |             |                             | Legal Enti      | ty   |  |
| 0599  |               |                     |                  |  |             |                             |                 |  |  |
| % 100.00 %  |               |                     |                  | %  |             |                             | %               |  |  |
| PASSENGER INFORMATION   |               | FLEMEN              | TARY RIDER:      | 2  | ш           | GH SCHOOL RI                | DEDS            | TOTAL  |  |
| Number of Preschool/Kindergard riding this route  | ten pupils    |                     | des PK-8)        | 3  |             | (Grades 9-12                |                 | ELIGIBLE RIDERS  |  |
|   | NI            | a<br>NUMBER         |                  |  | b<br>NUMBER | c<br>a+b                    |                 |  |  |
| Regular (include eligible Preschool/Kriders)  |               |                     |                  |  |             |                             |                 |  |  |
| 1st Wheelchair (WC)   |               |                     |                  |  |             |                             |                 |  |  |
| 2nd Wheelchair (WC)   |               |                     |                  |  |             |                             |                 |  |  |
| Additional Wheelchairs (WC)   |               |                     |                  |  |             |                             |                 |  |  |
| Non-WC IEP Lists Trans as Related   | Service       |                     |                  |  |             |                             |                 |  |  |
| TOTAL ELIGIBLE RIDERS   |               |                     |                  |  |             |                             |                 |  |  |
| Ineligible Public School Riders (i.e., i<br>miles OR nonresident and no attenda<br>agreement)   | ance          |                     |                  |  |             |                             |                 |  |  |
| (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)  | arten riders) |                     |                  |  |             |                             |                 |  |  |
| TOTAL RIDERS  |               |                     |                  |  |             |                             |                 |  |  |
| \A/a baarles and for the state in the state in  | Utt:          |                     | blished boths D  | d - f T  |             |                             |                 |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |               |                     |                  |  |             |                             |                 | A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by cortation Committee in |  |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  |               |                     |                  |  |             |                             |                 |  |  |
| Signature - Chair, Board of Trustees  |               |                     |                  |  | j           | Date                        |                 |  |  |
| This Application for Registration   | of School B   |                     |                  |  |             |                             |                 |  |  |
| area assigned to it by the Count<br>Signature - Chair, County Transporta  |               |                     |                  |  |             |                             | Date            |  |  |
| - 5   |               |                     |                  |  |             |                             |                 |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| Missoula    Route #   Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity   Non Bus Mileage   Non Bus Mileage   Rated Capacity   Rated Capacity   Non Bus Mileage   Rated Capacity   | This form is required in accordance with Title receives state reimbursement even though tr       |                            |          |                    | one form for ea | ach bus route that        |
|--|--|----------------------------|----------|--------------------|-----------------|---------------------------|
| Missoula    Route #   Length of Route (miles per day)   Type of Service   Bus Route Mileage   Rated Capacity   Non Bus Mileage   Non Bus Mileage   Rated Capacity   Non Bus Mileage   Non Bus Mileage   Rated Capacity   Rated Capacity   Rated Capacity   Non Bus Mileage   Rated Capacity   Non Bus Mileage   Rated Capacity   Rated C |  |                            |          |                    |                 |                           |
| Route # Length of Route (miles per day)  12  | County Name  | County Number              | District | Name               |                 | Legal Entity Number       |
| 12   | Missoula   | 32                         | Frenc    | htown K-12 Schools |                 |                           |
| 12   | Route # Length of R  | Route (miles per day)      | Type of  |                    | J               | Rated Capacity            |
| Contract - If so, Name of Owner   Contracted rate per mile   |  |                            | Bus R    |                    | age             | 84                        |
| Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity  Uegal Entity  Legal Entity   | Vehicle I.D. # Licens  | se#                        |          |                    | District Own    | ed                        |
| Regular (include eligible Preschool/Kindergarten niders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  3nd Wheelchair (WC)  4nd Wheelchair (WC)  2nd Wheelchair (WC)  3nd Wheelchair (WC)  4nd Wheelchair (WC)  4nd Wheelchair (WC)  5nd Wheelchair (WC)  5nd Wheelchair (WC)  6nd Wheelchair (WC)  7nd Wheelchair (WC)  8nd Wheelchair | 9994 795   |                            |          | *                  | 1 . 1 . 1       |                           |
| Legal Entity 0599  % 100.00 % % % %  PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route  a b C NUMBER NUMBER (Grades 9-12)  Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  I Legal Entity    Legal Entity     W  | Reimbursement Distribution- Enter the legal  |                            |          |                    | aid to each dis | strict. Note: Percentages |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route   |  |                            |          |                    | Legal Entit     | у                         |
| PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils riding this route   | % 100.00 %   |                            | %        |                    | %               |                           |
| Number of Preschool/Kindergarten pupils riding this route  | PASSENGER INFORMATION  |                            |          |                    |                 | _                         |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchairs (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)   | Number of Preschool/Kindergarten pupils riding this route  |                            | ERS      |                    |                 | _                         |
| Regular (include eligible Preschool/Kindergarten riders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  |  |                            |          | -                  |                 | -                         |
| 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  | Regular (include eligible Preschool/Kindergarten   | NUMBER                     | NUMBER   |                    | a + b           |                           |
| Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  | 1st Wheelchair (WC)  |                            |          |                    |                 |                           |
| Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)   | 2nd Wheelchair (WC)  |                            |          |                    |                 |                           |
| TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  | Additional Wheelchairs (WC)  |                            |          |                    |                 |                           |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)   | Non-WC IEP Lists Trans as Related Service  |                            |          |                    |                 |                           |
| miles OR nonresident and no attendance agreement)  | TOTAL ELIGIBLE RIDERS  |                            |          |                    |                 |                           |
|  | Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) |                            |          |                    |                 |                           |
|  | (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)         |                            |          |                    |                 |                           |
|  | TOTAL RIDERS   |                            |          |                    |                 |                           |
|  |  |                            |          |                    |                 |                           |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.   |  |                            |          |                    |                 |                           |
| We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  |  |                            |          |                    |                 |                           |
| I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the  | I certify that this application for registration of  |                            |          |                    |                 |                           |
| bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date   | mmillee.   |                            |          |                    |                 |                           |
|  |  |                            |          |                    |                 |                           |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation  | This Application for Registration of School Bu   | us and State Reimbursement |          |                    |                 |                           |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date  |  |                            |          |                    | Date            |                           |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e   |   |                      |                                 |                         |                 |   | ne form for ea | ach bus route that       |
|---|---|----------------------|---------------------------------|-------------------------|-----------------|---|----------------|--------------------------|
| <b>Due Dates</b><br>All Routes  |   |                      |                                 | County<br>tober 1       |                 | <b>To OPI</b><br>October 15                     |                | Rate Per Mile<br>\$1.80  |
| County Name   |   |                      | County Number                   | D                       | istrict         | Name  |                | Legal Entity Number      |
| Missoula  |   |                      | 32                              | Frenchtown K-12 Schools |                 |   |                | 0599                     |
| Route # Length of Route (miles per day)   |   |                      |                                 | T                       | ype of          | Service   Bus Route Mil  Non Bus Milea          | J              | Rated Capacity           |
| 6   | 32.2  |                      |                                 | В                       | Bus R           | oute Mileage                                    | ige            | 84                       |
| Vehicle I.D. # License #  |   |                      |                                 |                         |                 |   | istrict Own    | ed                       |
| 3726 963  |   |                      |                                 |                         |                 | ct - If so, Name of Owner<br>cted rate per mile |                |                          |
| Reimbursement Distribution- En  |   | ge of sta<br>match b |                                 |                         | aid to each dis | trict. Note: Percentages                        |                |                          |
| Legal Entity Legal Entity 0599  |   |                      |                                 |                         | egal Er         |   | Legal Entit    | у                        |
| 0599  |   |                      |                                 |                         |                 |   |                |                          |
| % 100.00 %  |   |                      |                                 |                         | %               |   | %              |                          |
| PASSENGER INFORMATION FI FMENT  |   |                      | ELEMENTA DV DID                 | NEDO.                   |                 | LIIOLLOOLIOOL DI                                | 2500           | TOTAL                    |
| Number of Preschool/Kindergarten pupils riding this route   |   |                      | ELEMENTARY RID<br>(Grades PK-8) |                         |                 | HIGH SCHOOL RII<br>(Grades 9-12)                |                | TOTAL<br>ELIGIBLE RIDERS |
|   |   |                      | a<br>NUMBER                     |                         |                 | b<br>NUMBER                                     |                | c<br>a+b                 |
|   | gular (include eligible Preschool/Kindergarten  |                      |                                 |                         |                 | NONDER  |                | a i b                    |
| riders) 1st Wheelchair (WC)   |   |                      |                                 |                         |                 |   |                |                          |
| 2nd Wheelchair (WC)   |   |                      |                                 |                         |                 |   |                |                          |
| Additional Wheelchairs (WC)   |   |                      |                                 |                         |                 |   |                |                          |
| Non-WC IEP Lists Trans as Related   | Service   |                      |                                 |                         |                 |   |                |                          |
| TOTAL ELIGIBLE RIDERS   |   |                      |                                 |                         |                 |   |                |                          |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)  | ance  |                      |                                 |                         |                 |   |                |                          |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | arten riders  | )                    |                                 |                         |                 |   |                |                          |
| TOTAL RIDERS  |   |                      |                                 |                         |                 |   |                |                          |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |   |                      |                                 |                         |                 |   |                |                          |
| County T  | ransporta   | tion Co              | mmittee Approval as             | requir                  | ed in           | accordance with Section 2                       | 0-10-132, MC   | <b>A</b> .               |
| This Application for Registration area assigned to it by the Count  | of School<br>y Transpor   | Bus and rtation C    | d State Reimbursemen            |                         |                 |   |                |                          |
| Signature - Chair, County Transporta  | area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date |                      |                                 |                         |                 |   |                |                          |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|   |                                      |         |                     | 20, Chapter 10, Part<br>nsportees of anothe |   |                   |                              |   |                          | ach bus route that  Rate Per Mile |
|---|--------------------------------------|---------|---------------------|---|---|-------------------|------------------------------|---|--------------------------|-----------------------------------|
|   | <b>Due Dates</b><br>All Routes       |         |                     |   | To Co<br>Octob                                | unty Supt<br>er 1 | t                            | <b>To OPI</b><br>October 15                               |                          | \$1.80                            |
| County Name   |                                      |         |                     | County Numb                                 | er  | District          | Name                         |   |                          | Legal Entity Number               |
| Missoula  |                                      |         |                     | 32  |   | Frenc             | htown K-1                    | 12 Schools  |                          | 0599                              |
| Route #   |                                      | Lengt   | h of Ro             | ute (miles per day)                         | **  |                   |                              | <ul><li>□ Bus Route Mil</li><li>□ Non Bus Milea</li></ul> | •                        | Rated Capacity                    |
| Kindy 4   | -                                    |         |                     |   | Bus Route M                                   |                   |                              | age   | · ·                      | 84                                |
| Vehicle I.D. # License #  |                                      |         | : #                 |   | <ul><li>□ District</li><li>□ Contra</li></ul> |                   | Eame of Owner                | District Own  | ed                       |                                   |
| 3726 963  |                                      |         |                     |   |   | cted rate pe      |                              |   |                          |                                   |
| Reimbursement Distribution- Enter the legal er  |                                      |         |                     | ntity number and pe                         |   | of state/co       |                              | rsement to be pa  | aid to each dis          | strict. Note: Percentages         |
| Legal Entity Legal En 0599  |                                      |         | Entity              | mustmat                                     | Legal E                                       |                   |                              | Legal Entit   | у                        |                                   |
| % 100.00 %  |                                      |         |                     |   | %   |                   |                              | %   |                          |                                   |
| PASSENGER INF   |                                      |         |                     |   |   |                   |                              |   |                          | _                                 |
| Number of Preschool/Kindergarten pupils riding this route   |                                      |         | ELEMENTA<br>(Grades |   | RS  | HI                | GH SCHOOL RI<br>(Grades 9-12 |   | TOTAL<br>ELIGIBLE RIDERS |                                   |
|   |                                      |         |                     | 8   |   | b<br>NUMBER       |                              |   | C                        |                                   |
| Regular (include eligible Preschool/Kindergarten riders)  |                                      |         |                     | NUMBER                                      |   |                   | NUMBER                       |   | a + b                    |                                   |
| 1st Wheelchair (WC)   |                                      |         |                     |   |   |                   |                              |   |                          |                                   |
| 2nd Wheelchair (WC  | 5)                                   |         |                     |   |   |                   |                              |   |                          |                                   |
| Additional Wheelcha   | irs (WC)                             |         |                     |   |   |                   |                              |   |                          |                                   |
| Non-WC IEP Lists To   | rans as Related                      | Service |                     |   |   |                   |                              |   |                          |                                   |
| TOTAL ELIGIBLE  | RIDERS                               |         |                     |   |   |                   |                              |   |                          |                                   |
| Ineligible Public Schomiles OR nonresider   |                                      |         |                     |   |   |                   |                              |   |                          |                                   |
| agreement)<br>(Include ineligible Pr  |                                      |         | ders)               |   |   |                   |                              |   |                          |                                   |
| Nonpublic School Ri   | ders (ineligible)                    |         |                     |   |   |                   |                              |   |                          |                                   |
| TOTAL RIDERS  |                                      |         |                     |   |   |                   |                              |   |                          |                                   |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                                      |         |                     |   |   |                   |                              |   |                          |                                   |
| Signature - Chair, Bo   | Signature - Chair, Board of Trustees |         |                     |   |   |                   |                              |   | Date                     |                                   |
| County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.   |                                      |         |                     |   |   |                   |                              |   |                          |                                   |
| Signature - Chair, County Transportation Committee  |                                      |         |                     |   |   |                   |                              | Date  |                          |                                   |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda   | nce with Titl  | e 20. 0    | Chapter 10. Part 1. MCA                          | . School d                      | istrict official                 | I must complete o  | ne form for e    | ach bus route that            |  |
|--|--|------------|--|---------------------------------|----------------------------------|--|------------------|-------------------------------|--|
| receives state reimbursement e   |  |            |  |                                 |                                  |  |                  |                               |  |
| Due Dates  | s:   |            | То С   | ounty Sup                       | t                                | То ОРІ   |                  | Rate Per Mile                 |  |
| All Routes   |  |            | Octo   | ber 1                           |                                  | October 15   |                  | \$1.57                        |  |
| County Name  |  |            | County Number                                    | Distric                         | Name                             |  |                  | Legal Entity Number           |  |
| Missoula   |  |            | 32   | Frenchtown K-12 Schools         |                                  |  |                  | 0599                          |  |
| Route #  | Route # Length of Route (miles per day)  |            |  | Type o                          |                                  | <ul><li>☐ Bus Route Mile</li><li>☐ Non Bus Milea</li></ul> | J                | Rated Capacity                |  |
| Kindy 1 36.7   |  |            |  | Bus F                           | Route Mile                       |  | ge               | 72                            |  |
| Vehicle I.D. # License #   |  |            |  | □ District Owned District Owned |                                  |  |                  |                               |  |
| 7000 494   |  |            |  |                                 | act - If so, Na<br>acted rate pe | ame of Owner<br>er mile                                    |                  |                               |  |
| Reimbursement Distribution- En   | iter the lega  | entity     |  |                                 |                                  | ursement to be pa  | id to each dis   | strict. Note: Percentages     |  |
| Legal Entity   | Lega   | al Entity  |  | atch budge<br>Legal I           |                                  |  | Legal Entit      | ty                            |  |
| 0599   |  |            |  |                                 |                                  |  |                  |                               |  |
| % 100.00 %   |  |            |  | %                               |                                  |  | %                |                               |  |
| PASSENGER INFORMATION  |  |            |  |                                 |                                  |  |                  | _                             |  |
| Number of Preschool/Kindergar  | ten pupils   |            | ELEMENTARY RIDE<br>(Grades PK-8)                 | RS                              | HI                               | GH SCHOOL RIE<br>(Grades 9-12)                             |                  | TOTAL<br>ELIGIBLE RIDERS      |  |
| riding this route  |  |            | (  |                                 |                                  | ,  |                  |                               |  |
|  |  |            | а  |                                 |                                  | b  |                  | С                             |  |
| Regular (include eligible Preschool/k  | NU egular (include eligible Preschool/Kindergarten   |            |  | R NUMBER                        |                                  |  |                  | a + b                         |  |
| riders) 1st Wheelchair (WC)  |  |            |  |                                 |                                  |  |                  |                               |  |
| 2nd Wheelchair (WC)  |  |            |  |                                 |                                  |  |                  |                               |  |
| Additional Wheelchairs (WC)  |  |            |  |                                 |                                  |  |                  | -                             |  |
| Non-WC IEP Lists Trans as Related  | Sonico   | -          |  |                                 |                                  |  |                  |                               |  |
|  | Service  |            |  |                                 |                                  |  |                  |                               |  |
| TOTAL ELIGIBLE RIDERS  |  |            |  |                                 |                                  |  |                  |                               |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attend  |  |            |  |                                 |                                  |  |                  |                               |  |
| agreement) (Include ineligible Preschool/Kinderg   | arten riders)  |            |  |                                 |                                  |  |                  |                               |  |
| Nonpublic School Riders (ineligible)   |  |            |  |                                 |                                  |  |                  |                               |  |
| TOTAL RIDERS   |  |            |  |                                 |                                  |  |                  |                               |  |
| We hereby certify that this bus wi   | Il onerate ent   | irely on   | the route established by the                     | Board of Ti                     | ustees and wi                    | ithin the transportation                                   | on area assign   | ed and approved by the        |  |
| County Transportation Committee. \ We agree to supervision of this be  | We further ce  | rtify that | t this bus transports pupils e                   | ligible for so                  | hool transport                   | tation as defined by                                       | 20-10-101, MC    | A.                            |  |
| required; to provide a vehicle which is Superintendent; and to provide a lice  | meets the mir  | nimum s    | standards as established by                      | the Board o                     | f Public Educa                   | ation, the Montana H                                       |                  |                               |  |
| We also agree to refrain from soli   | citing or caus   | ing othe   | ers to solicit students from o                   | ther transpo                    | rtation areas.                   | , ,  | lding of state o | and accepts raimburgament for |  |
| We understand that violations of this bus route.   |  | _          |  | •                               |                                  |  | _                | -                             |  |
| We agree that if this route crosse<br>the school boards of both districts sh   | nall be attache  | ed to the  | e county superintendent's co                     | py of this do                   | cument.                          | · ·  |                  |                               |  |
| We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. |  |            |  |                                 |                                  |  |                  |                               |  |
|  | certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |            |  |                                 |                                  |  |                  |                               |  |
| Signature - Chair, Board of Trustees  Date   |  |            |  |                                 |                                  |  |                  |                               |  |
|  |  |            |  |                                 |                                  |  |                  |                               |  |
| County 1 This Application for Registration   |  |            | ommittee Approval as in<br>d State Reimbursement |                                 |                                  |  |                  |                               |  |
| area assigned to it by the Count Signature - Chair, County Transporta  |  |            | Committee.                                       |                                 |                                  | -  | Date             | •                             |  |
| Organicale - Orian, County Transporte  |  |            |  |                                 | Date                             |  |                  |                               |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda receives state reimbursement e  |                                 |                            |                                 |                       |   | ete one form for e        |                          |  |
|--|---------------------------------|----------------------------|---------------------------------|-----------------------|---|---------------------------|--------------------------|--|
| <b>Due Date</b><br>All Routes  |                                 |                            |                                 | County Su<br>ctober 1 | ot To OPI<br>October 15                               | j                         | Rate Per Mile<br>\$1.80  |  |
| County Name  |                                 |                            | County Number                   | Distric               | t Name  |                           | Legal Entity Number      |  |
| Missoula   |                                 |                            | 32                              | Fren                  | chtown K-12 Schools                                   | 6                         | 0599                     |  |
| Route #  | Length of Route (miles per day) |                            |                                 | Туре                  | of Service   Bus Route                                | •                         | Rated Capacity           |  |
| 8  | 38                              |                            |                                 | Bus                   | □ Non Bus N<br>Route Mileage                          | villeage                  | 84                       |  |
| Vehicle I.D. # License #   |                                 |                            |                                 |                       | ct Owned  | District Owr              | ned                      |  |
| 0168 869   |                                 |                            |                                 |                       | act - If so, Name of Owner<br>acted rate per mile     | ·r<br>                    |                          |  |
| Reimbursement Distribution- Er   | egal entity                     |                            | ge of state/o                   |                       | e paid to each di                                     | strict. Note: Percentages |                          |  |
| Legal Entity Legal Entity 0599   |                                 |                            |                                 | Legal                 |   | Legal Enti                | ity                      |  |
|  | 0599                            |                            |                                 |                       |   |                           |                          |  |
| % 100.00 %   |                                 |                            |                                 | %                     |   | %                         |                          |  |
| PASSENGER INFORMATION  |                                 |                            | ELEMENTA DV DIE                 | DEDC.                 | HICH SCHOOL   | DIDEDO                    | TOTAL                    |  |
| Number of Preschool/Kindergarten pupils riding this route  |                                 |                            | ELEMENTARY RIE<br>(Grades PK-8) |                       | HIGH SCHOOL<br>(Grades 9                              |                           | TOTAL<br>ELIGIBLE RIDERS |  |
|  |                                 |                            | a<br>NUMBER                     |                       | b<br>NUMBER   |                           | c<br>a+b                 |  |
| Regular (include eligible Preschool/Kindergarten   |                                 |                            | NOWBER                          |                       | NOWIE   | -11                       | a + b                    |  |
| riders) 1st Wheelchair (WC)  |                                 |                            |                                 |                       |   |                           |                          |  |
| 2nd Wheelchair (WC)  |                                 |                            |                                 |                       |   |                           |                          |  |
| Additional Wheelchairs (WC)  |                                 |                            |                                 |                       |   |                           |                          |  |
| Non-WC IEP Lists Trans as Related  | Service                         |                            |                                 |                       |   |                           |                          |  |
| TOTAL ELIGIBLE RIDERS  |                                 |                            |                                 |                       |   |                           |                          |  |
| Ineligible Public School Riders (i.e.,<br>miles OR nonresident and no attend<br>agreement)<br>(Include ineligible Preschool/Kinders<br>Nonpublic School Riders (ineligible)  | dance<br>garten ride            | ers)                       |                                 |                       |   |                           |                          |  |
| TOTAL RIDERS   |                                 |                            |                                 |                       |   |                           |                          |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. |                                 |                            |                                 |                       |   |                           |                          |  |
| Signature - Chair, Board of Trustees   | 3                               |                            |                                 |                       |   | Date                      |                          |  |
| This Application for Registration area assigned to it by the Coun  | n of Scho<br>ty Trans           | ool Bus and<br>portation C | d State Reimbursemer            |                       | n accordance with Section reviewed and I certify that | this bus operate          |                          |  |
| Signature - Chair, County Transport  | ation Con                       | nmittee                    |                                 |                       |   | Date                      |                          |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.   |                            |  |                                 |   |           |  |                 |                           |  |  |
|---|----------------------------|--|---------------------------------|---|-----------|--|-----------------|---------------------------|--|--|
| <b>Due Dates</b><br>All Routes  |                            |  |                                 | To County Supt To OPI October 1 October |           |  |                 | Rate Per Mile<br>\$1.80   |  |  |
| County Name   |                            |  | County Number                   | Di                                      | istrict l | Name   |                 | Legal Entity Number       |  |  |
| Missoula 32   |                            |  | 32                              | Fr                                      | rench     | ntown K-12 Schools                                       |                 | 0599                      |  |  |
| Route #   | Length of                  | Route (  | (miles per day)                 | Ту                                      | pe of     | Service   Bus Route Mil  Non Bus Milea                   | J               | Rated Capacity            |  |  |
| 11  | 38.6                       |  |                                 | Ві                                      | us R      | oute Mileage   | 84              |                           |  |  |
| Vehicle I.D. # License #  |                            |  |                                 | □ District Owned District Owned         |           |  |                 |                           |  |  |
| 1083  | 540                        | <ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul> |                                 |   |           |  |                 |                           |  |  |
| Reimbursement Distribution- En  | ter the lega               | l entity   |                                 | ge of sta<br>natch bu                   |           |  | aid to each dis | strict. Note: Percentages |  |  |
| Legal Entity<br>0599  | Lega                       | al Entity  |                                 |   | gal Er    |  | Legal Entit     | у                         |  |  |
| 0399  |                            |  |                                 |   |           |  |                 |                           |  |  |
| % 100.00  | 9/                         | 6  |                                 |   | %         |  | %               |                           |  |  |
| PASSENGER INFORMATION   |                            |  | ELEMENTA DV DID                 | EDO                                     |           | LUCII OCUOCI DU  | DED0            | TOTAL                     |  |  |
| Number of Preschool/Kindergard riding this route  | ten pupils                 |  | ELEMENTARY RID<br>(Grades PK-8) |   |           | HIGH SCHOOL RII<br>(Grades 9-12)                         |                 | TOTAL<br>ELIGIBLE RIDERS  |  |  |
|   |                            |  | a<br>NUMBER                     |   |           | b<br>NUMBER  |                 | c<br>a+b                  |  |  |
| Regular (include eligible Preschool/k<br>riders)  | Cindergarten               |  | NOMBER                          |   |           | THOMBER  |                 | u · 5                     |  |  |
| 1st Wheelchair (WC)   |                            |  |                                 |   |           |  |                 |                           |  |  |
| 2nd Wheelchair (WC)   |                            |  |                                 |   |           |  |                 |                           |  |  |
| Additional Wheelchairs (WC)   |                            |  |                                 |   |           |  |                 |                           |  |  |
| Non-WC IEP Lists Trans as Related Service   |                            |  |                                 |   |           |  |                 |                           |  |  |
| TOTAL ELIGIBLE RIDERS   |                            |  |                                 |   |           |  |                 |                           |  |  |
| Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)   |                            |  |                                 |   |           |  |                 |                           |  |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)   | arten riders)              |  |                                 |   |           |  |                 |                           |  |  |
| TOTAL RIDERS  |                            |  |                                 |   |           |  |                 |                           |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |                            |  |                                 |   |           |  |                 |                           |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                            |  |                                 |   |           |  |                 |                           |  |  |
| This Application for Registration area assigned to it by the Count  | of School E<br>y Transport | Bus and<br>ation C   | d State Reimbursemen            |   |           | accordance with Section 2 viewed and I certify that this |                 |                           |  |  |
| Signature - Chair, County Transporta  | ation Commit               | tee  |                                 |   |           |  | Date            |                           |  |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|   |  |                |          | hapter 10, Part 1, MCA<br>rtees of another legal e |  |          |      |                              | one form for e |                             |  |
|---|--|----------------|----------|--|--|----------|------|------------------------------|----------------|-----------------------------|--|
|   | <b>Due Dates:</b><br>All Routes                  |                |          | To C<br>Octo                                       |  | nty Supt |      | <b>To OPI</b><br>October 15  |                | Rate Per Mile<br>\$1.80     |  |
| County Name   |  |                |          | County Number                                      |  | District | Name |                              |                | Legal Entity Number         |  |
| Missoula  |  |                |          | 32   | Frenchtown K-12 Schools                                      |          |      |                              |                | 0599                        |  |
| Route #   | Route # Length of Route (n                       |                |          | miles per day)                                     | er day) Type of Service                                      |          |      |                              | J              | Rated Capacity              |  |
| 7 40.6  |  |                |          |  | Bus Route Mileage  |          |      |                              | age            | 84                          |  |
| Vehicle I.D. #  |  | Licens         | e #      |  | □ District Owned Distr<br>□ Contract - If so, Name of Owner  |          |      |                              |                | trict Owned                 |  |
| 4109  |  | 1190           |          |  | Contract - if so, Name of Owner     Contracted rate per mile |          |      |                              |                |                             |  |
| Reimbursement D   | istribution- Ente                                | er the legal o | entity i |  |  |          |      | rsement to be p              | aid to each di | strict. Note: Percentages   |  |
| Legal Entity<br>0599  |  | Legal          | Entity   |  | must match budget!  Legal Entity                             |          |      |                              | Legal Entity   |                             |  |
| % 100.00  | )  | %              |          |  |  | %        |      |                              | %              |                             |  |
| PASSENGER INF   |  |                |          |  |  |          |      |                              |                | _                           |  |
| Number of Presch riding this route  | ool/Kindergarte                                  | en pupils      |          | ELEMENTARY RIDE<br>(Grades PK-8)                   | ERS  |          | HI   | GH SCHOOL RI<br>(Grades 9-12 |                | TOTAL<br>ELIGIBLE RIDERS    |  |
|   |  |                |          | а  |  |          |      | b                            |                | С                           |  |
|   | Regular (include eligible Preschool/Kindergarten |                |          |  | NUMBER NU  |          |      | NUMBER                       |                | a + b                       |  |
| riders) 1st Wheelchair (WC)   | )  |                |          |  |  |          |      |                              |                |                             |  |
| 2nd Wheelchair (WC  | 3)   |                |          |  |  |          |      |                              |                | -                           |  |
| Additional Wheelchairs (WC)   |  |                |          |  |  |          |      |                              |                |                             |  |
| Non-WC IEP Lists Trans as Related Service   |  |                |          |  |  |          |      |                              |                |                             |  |
| TOTAL ELIGIBLE RIDERS   |  |                |          |  |  |          |      |                              |                |                             |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance   |  |                |          |  |  |          |      |                              |                |                             |  |
| agreement) (Include ineligible Preschool/Kindergarten riders)   |  |                |          |  |  |          |      |                              |                |                             |  |
| Nonpublic School Ric  |  |                |          |  |  |          |      |                              |                |                             |  |
| TOTAL RIDERS  |  |                |          |  |  |          |      |                              |                |                             |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. |  |                |          |  |  |          |      |                              |                |                             |  |
|   | or Registration of                               | of School Bu   | ıs and   | State Reimbursement                                |  |          |      |                              |                | s within the transportation |  |
| area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date   |  |                |          |  |  |          |      |                              |                |                             |  |



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accorda   |               |            |                               |   |                  |                       | ne form for ea   | ich bus route that          |  |
|--|---------------|------------|-------------------------------|---|------------------|-----------------------|------------------|-----------------------------|--|
| receives state reimbursement e   | ven though    | ı transpo  | -                             |   |                  | vices.                | 1                | Rate Per Mile               |  |
| <b>Due Date</b> :<br>All Routes  |               |            | To Co<br>Octob                | unty Supt<br>er 1   | t                | To OPI<br>October 15  | ;                | \$1.80                      |  |
| County Name  |               |            | County Number                 | District  | Name             |                       |                  | Legal Entity Number         |  |
| Missoula   |               |            | 32                            | Erono   | htown K          | 12 Schools            |                  | 0599                        |  |
| Route #  | Length o      | f Route    | (miles per day)               |   |                  | ☐ Bus Route Mile      | age              | Rated Capacity              |  |
| 40   |               |            |                               | •   | [                | ☐ Non Bus Milea       |                  |                             |  |
| 13<br>Vehicle I.D. #   | 40.9          | ense #     | T                             | •   | toute Mile       |                       | atriat Own       | 84                          |  |
|  |               |            |                               | <ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> </ul> |                  |                       |                  |                             |  |
| 1638   | 100           |            |                               | □ Contracted rate per mile  |                  |                       |                  |                             |  |
| Reimbursement Distribution- Er   | nter the leg  | al entity  |                               | of state/co   |                  | rsement to be pai     | d to each dis    | trict. Note: Percentages    |  |
| Legal Entity   | Leç           | gal Entity |                               | Legal E   |                  |                       | Legal Entity     |                             |  |
| 0599   |               |            |                               |   |                  |                       |                  |                             |  |
| 0/ 400.00  |               | 0/         |                               | 0/  |                  |                       | 0/               |                             |  |
| % 100.00  PASSENGER INFORMATION  |               | %          |                               | %   |                  |                       | %                |                             |  |
|  |               |            | ELEMENTARY RIDER              | RS  | HIG              | GH SCHOOL RID         | ERS              | TOTAL                       |  |
| Number of Preschool/Kindergar riding this route  | ten pupils    |            | (Grades PK-8)                 |   |                  | (Grades 9-12)         |                  | ELIGIBLE RIDERS             |  |
|  |               |            |                               |   |                  |                       |                  | _                           |  |
|  |               |            | a<br>NUMBER                   |   |                  | b<br>NUMBER           |                  | c<br>a + b                  |  |
| Regular (include eligible Preschool/liriders)  | Kindergarter  | 1          |                               |   |                  |                       |                  |                             |  |
| 1st Wheelchair (WC)  |               |            |                               |   |                  |                       |                  |                             |  |
| 2nd Wheelchair (WC)  |               |            |                               |   |                  |                       |                  |                             |  |
| Additional Wheelchairs (WC)  |               |            |                               |   |                  |                       |                  |                             |  |
| Non-WC IEP Lists Trans as Related Service  |               |            |                               |   |                  |                       |                  |                             |  |
| TOTAL ELIGIBLE RIDERS  |               |            |                               |   |                  |                       |                  |                             |  |
| Ineligible Public School Riders (i.e.,   |               |            |                               |   |                  |                       |                  |                             |  |
| miles OR nonresident and no attend agreement)  | lance         |            |                               |   |                  |                       |                  |                             |  |
| (Include ineligible Preschool/Kinderg<br>Nonpublic School Riders (ineligible)  |               | i)         |                               |   |                  |                       |                  |                             |  |
|  |               |            |                               |   |                  |                       |                  |                             |  |
| TOTAL RIDERS   |               |            |                               |   |                  |                       |                  |                             |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. |               |            |                               |   |                  |                       |                  |                             |  |
| We understand that violations of this bus route.   | the laws, rul | les or reg | ulations governing school tra | nsportation   | will be sufficie | ent cause for withhol | ding of state ar | nd county reimbursement for |  |
| We agree that if this route crosse the school boards of both districts sh  |               |            |                               |   |                  | e agreement betwee    | en Boards, 20-1  | 0-126(2) MCA, signed by     |  |
| We understand route changes of accordance with 20-10-132, MCA.   |               |            |                               |   |                  | nd approval of the C  | County Transpo   | rtation Committee in        |  |
| I certify that this application for a bus operates on the route as ap  |               |            |                               |   |                  |                       |                  |                             |  |
| Signature - Chair, Board of Trustees   |               | and with   | die dansportation der         |   | .co.g.roa by     | and dearity fruits    | Date             |                             |  |
|  |               |            |                               |   |                  |                       |                  |                             |  |
| County This Application for Registration area assigned to it by the County   | of School     | Bus and    |                               |   |                  |                       |                  |                             |  |
| Signature - Chair, County Transport  |               |            |                               |   |                  |                       | Date             |                             |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

|  |  |              |        | Chapter 10, Part 1, MCA<br>ortees of another legal e         |  |           |            |                              | one form for e |                                       |  |
|--|--|--------------|--------|--|--|-----------|------------|------------------------------|----------------|---------------------------------------|--|
|  | <b>Due Dates</b> :<br>All Routes                 | :            |        | To C<br>Octo   |  | nty Supt  | :          | <b>To OPI</b><br>October 15  |                | Rate Per Mile<br>\$1.80               |  |
| County Name  |  |              |        | County Number  |  | District  | Name       |                              |                | Legal Entity Number                   |  |
| Missoula   |  |              |        | 32   | Frenchtown K-12 Schools  |           |            | 12 Schools                   |                | 0599                                  |  |
| Route #  | Route # Length of Route (                        |              |        | niles per day) Type of Service ☐ Bus Route Mi ☐ Non Bus Mile |  |           |            | 0                            | Rated Capacity |                                       |  |
| 3 39.6   |  |              |        | Bus Route Mileage  |  |           |            | aye                          | 84             |                                       |  |
| Vehicle I.D. # License #   |  |              |        |  | ☐ District Owned Distr   |           |            |                              |                | ned                                   |  |
| 9991   |  | 560          |        |  | □ Contract - If so, Name of Owner     □ Contracted rate per mile |           |            |                              |                |                                       |  |
| Reimbursement D  | istribution- Ent                                 | er the legal | entity |  |  |           |            | ursement to be p             | aid to each di | d to each district. Note: Percentages |  |
| Legal Entity<br>0599   | Legal Entity Legal Enti                          |              |        |  | must match budget!  Legal Entity                                 |           |            | Legal Entity                 |                |                                       |  |
| % 100.00   | )  | %            |        |  |  | %         |            |                              | %              | 0/6                                   |  |
| PASSENGER INF  |  |              |        |  |  |           |            |                              |                | _                                     |  |
| Number of Presch riding this route   | ool/Kindergarte                                  | en pupils    |        | ELEMENTARY RIDE<br>(Grades PK-8)                             | ERS  | 3         | HI<br>     | GH SCHOOL RI<br>(Grades 9-12 |                | TOTAL<br>ELIGIBLE RIDERS              |  |
|  |  |              |        | а  |  |           |            | b                            |                | C .                                   |  |
|  | Regular (include eligible Preschool/Kindergarten |              |        | NUMBER   |  |           |            | NUMBER                       |                | a + b                                 |  |
| riders) 1st Wheelchair (WC)  | )  |              |        |  |  |           |            |                              |                |                                       |  |
| 2nd Wheelchair (WC   | 5)   |              |        |  |  |           |            |                              |                |                                       |  |
| Additional Wheelchairs (WC)  |  |              |        |  |  |           |            |                              |                |                                       |  |
| Non-WC IEP Lists Trans as Related Service  |  |              |        |  |  |           |            |                              |                |                                       |  |
| TOTAL ELIGIBLE RIDERS  |  |              |        |  |  |           |            |                              |                |                                       |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)   |  |              |        |  |  |           |            |                              |                |                                       |  |
| (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)   |  |              |        |  |  |           |            |                              |                |                                       |  |
| TOTAL RIDERS   | ders (ineligible)                                |              |        |  |  |           |            |                              |                |                                       |  |
| TOTAL RIDERS   |  |              |        |  |  |           |            |                              |                |                                       |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in |  |              |        |  |  |           |            |                              |                |                                       |  |
| accordance with 20-  | 10-132, MCA.                                     |              |        |  |  |           |            |                              |                |                                       |  |
|  |  |              |        | ol bus and state reimbu<br>iin the transportation se         |  |           |            |                              |                | edge and belief, and the mmittee.     |  |
| Signature - Chair, Bo  | oard of Trustees                                 |              |        |  |  |           |            |                              | Date           |                                       |  |
| <b>—</b>   |  |              |        | mmittee Approval as  |  |           |            |                              |                |                                       |  |
| area assigned to i   | t by the County                                  | / Transporta | tion C |  | has  | s been re | viewed and | I certify that this          | s bus operates | s within the transportation           |  |
| Signature - Chair, County Transportation Committee Date  |  |              |        |  |  |           |            |                              |                |                                       |  |



### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

| This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.  |             |             |                                |  |                    |   |                  |                           |  |  |
|--|-------------|-------------|--------------------------------|--|--------------------|---|------------------|---------------------------|--|--|
| Due Date   |             | ,           | · ·                            | ,  | ty Supt            |   |                  | Rate Per Mile             |  |  |
| All Routes   |             |             | October 1                      |  |                    | October 15  |                  | \$1.80                    |  |  |
| County Name  |             |             | County Number                  | [  | District           | Name  |                  | Legal Entity Number       |  |  |
| Missoula   |             |             | 32                             |  | Frencl             | htown K-12 Schools                                    |                  | 0599                      |  |  |
| Route #  |             |             |                                |  |                    | Service   Bus Route N                                 |                  | Rated Capacity            |  |  |
| 13A  | 42.4        |             |                                |  | Bus R              | □ Non Bus Mil<br>oute Mileage                         | eage             | 84                        |  |  |
| Vehicle I.D. #   |             |             |                                | · ·  |                    |   |                  | ned                       |  |  |
| 1638 1061  |             |             |                                | <ul><li>□ Contract - If so, Name of Owner</li><li>□ Contracted rate per mile</li></ul> |                    |   |                  |                           |  |  |
| Reimbursement Distribution- Er   | nter the le | gal entity  |                                |  | state/co<br>budget |   | paid to each dis | strict. Note: Percentages |  |  |
| Legal Entity   | Le          | egal Entity |                                |  | _egal E            |   | Legal Enti       | ty                        |  |  |
| 0599   |             |             |                                |  |                    |   |                  |                           |  |  |
| % 100.00   |             | %           |                                |  | %                  |   | %                |                           |  |  |
| PASSENGER INFORMATION  |             |             | ELEMENTA DV DV                 | 2500   |                    | 111011 0011001  | UDEDO.           | TOTAL                     |  |  |
| Number of Preschool/Kindergar riding this route  | ten pupils  | 6           | ELEMENTARY RII<br>(Grades PK-8 |  |                    | HIGH SCHOOL F<br>(Grades 9-1                          |                  | TOTAL<br>ELIGIBLE RIDERS  |  |  |
|  |             |             | a<br>NUMBER                    |  |                    | b<br>NUMBER   |                  | C C                       |  |  |
| Regular (include eligible Preschool/l  | Kindergarte | en          | NOWBER                         |  |                    | NOMBER  |                  | a + b                     |  |  |
| riders) 1st Wheelchair (WC)  |             |             |                                |  |                    |   |                  |                           |  |  |
| 2nd Wheelchair (WC)  |             |             |                                |  |                    |   |                  |                           |  |  |
| Additional Wheelchairs (WC)  |             |             |                                |  |                    |   |                  |                           |  |  |
| Non-WC IEP Lists Trans as Related Service  |             |             |                                |  |                    |   |                  |                           |  |  |
| TOTAL ELIGIBLE RIDERS  |             |             |                                |  |                    |   |                  |                           |  |  |
| Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance  |             |             |                                |  |                    |   |                  |                           |  |  |
| agreement) (Include ineligible Preschool/Kindergarten riders)  |             |             |                                |  |                    |   |                  |                           |  |  |
| Nonpublic School Riders (ineligible)   |             |             |                                |  |                    |   |                  |                           |  |  |
| TOTAL RIDERS   |             |             |                                |  |                    |   |                  |                           |  |  |
| We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees |             |             |                                |  |                    |   |                  |                           |  |  |
| This Application for Registration  | of School   | ol Bus and  | d State Reimbursemer           |  |                    | accordance with Section viewed and I certify that the |                  |                           |  |  |
| area assigned to it by the Coun<br>Signature - Chair, County Transport   |             |             | committee.                     |  |                    |   | Date             |                           |  |  |
| ,  |             |             |                                |  |                    |   |                  |                           |  |  |